MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04924

4958

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
LENGTH OF STAY (in this place) 2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) Interval St.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Baby Boy Alexander

4. DATE OF DEATH: (Month) (Day) (Year) May. 11. 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: May. 11. 1954
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 2 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: C. W. Alexander
14. MOTHER'S MAIDEN NAME: Ruth J. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT & ADDRESS: C. W. Alexander Interval St. Hagerstown Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 IMMEDIATE CAUSE (A) Asphyxia — INTERVAL BETWEEN ONSET AND DEATH 2 hr

ANTECEDENT CAUSE (B) DUE TO Prematurity

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/11/54, 19....., to 5/11/54, 19....., that I last saw the deceased alive on 5/11/54 19....., and that death occurred at 12-42 P.M., from the causes and on the date stated above.

SIGNATURE Robert Vh Campbell M.D. ADDRESS Hagerstown Md DATE SIGNED 5/11/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF May. 12. 1954
NAME OF CEMETERY OR CREMATORY Locust Valley Cemetery
LOCATION (City, town, or county) (State) Locust Valley Fred. Co. Md.

DATE REC'D BY LOCAL REGISTRAR May 11. 1954
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Wm J. Bart & Sons ADDRESS Boonsboro Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information ... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 14 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr Wells Dr Dietz 04925

5009 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown R # 1
LENGTH OF STAY (In this place) 11 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cavetown Pike

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown R # 1
STREET ADDRESS (If rural give location) Cavetown Pike

3. NAME OF DECEASED: (Type or Print) (First) CLARA (Middle) HAMBURG (Last) BAILEY

4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: Aug 23 1879

9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Abraham Hamburg

14. MOTHER'S MAIDEN NAME: Eveline Cover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Robert L. Bailey

16. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) arterio-sclerotic myocardial

ANTECEDENT CAUSE (S) DUE TO heart faliure grade IV — INTERVAL BETWEEN ONSET AND DEATH: 8yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) none M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1940, 19 DST to May 31 '54, 19, that I last saw the deceased alive on May 27, 1954, and that death occurred at 5:30 M, from the causes and on the date stated above.

SIGNATURE E. Robin Wells ADDRESS M. D. 115N. Potomac St., Hagerstown, Md. DATE SIGNED June 1 '54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 6/2/54 | NAME OF CEMETERY OR CREMATORY Funkstown cemetery | LOCATION (City, town, or county) (State) Funkstown Md.

DATE REC'D BY LOCAL REGISTRAR June 2 1954 | REGISTRAR'S SIGNATURE Chas H Bowers | 24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 7 1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4959 CERTIFICATE OF DEATH

Reg. Dist. No. 04926 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown 03
LENGTH OF STAY (in this place): 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 27 West Side Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown 03
STREET ADDRESS (If rural give location): 27 West Side Avenue

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Thresa (Last) Bailey

4. DATE OF DEATH: (Month) May (Day) 7 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 11-2-1884

9. AGE last birthday: 69 yrs. — IF UNDER 1 YEAR: Months 8, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Near Milton, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Fink

14. MOTHER'S MAIDEN NAME: Sarah M. Daywalt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Mrs. Kathleen Davis, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.0
Immediate cause (a) Coronary Thrombosis — 7 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — mid life
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-14, 1952 to death, 19....., that I last saw the deceased alive on 5-7, 1954, and that death occurred at 8:50 AM, from the causes and on the date stated above.

SIGNATURE: Robert J. Teadle (Degree or title) MD — ADDRESS: Hagerstown Md — DATE SIGNED: 5-8-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5-10-1954 — NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR: May 10, 1954 — REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR — ADDRESS: C. M. Suter & Sons, Hagerstown, Maryland

RECEIVED
MAY 12 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04927

4960 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash,
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 428 W. Washington St.,

3. NAME OF DECEASED: (Type or Print) (First) Clarence (Middle) Edward (Last) Baker
4. DATE OF DEATH: (Month) 5 (Day) 22 (Year) 19 54

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) divorced
8. DATE OF BIRTH: Jan. 24, 1886
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months, Days IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10B. KIND OF BUSINESS OR INDUSTRY: Foundry worker
11. BIRTHPLACE (State or foreign country): Adams C. Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elijah Baker
14. MOTHER'S MAIDEN NAME: Fannie A Eyeler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-09-2447
17. INFORMANT & ADDRESS: Mrs. Ruth Mills Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
IMMEDIATE CAUSE (A) Cerebral Hemorrhage, et — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.
ANTECEDENT CAUSE (B) DUE TO Hypertensive C V Disease md of
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Ureter Lithiasis et.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-29, 1950, to death, 19....., that I last saw the deceased alive on 5-22, 1954, and that death occurred at 11:54 P M, from the causes and on the date stated above.
SIGNATURE Robert F. Headle M. D. ADDRESS Hagerstown DATE SIGNED 5-24-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial
DATE THEREOF 5-26-54
NAME OF CEMETERY OR CREMATORY Mountain View
LOCATION (City, town, or county) Emmittsburg (State) Md.

DATE REC'D BY LOCAL REGISTRAR May 25, 1954
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Fred W. Kraiss
ADDRESS Hagerstown, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04928

4961 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington Hagerstown MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 62 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 27 N. Jonathan St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 27 N. Jonathan St.

3. NAME OF DECEASED: (First) Samuel (Middle) Robert (Last) Baker (Type or Print)

4. DATE OF DEATH: (Month) 5 (Day) 11 (Year) 19 54

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH: Feb, 11, 1885 | 9. AGE last birthday 69 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Jeweler | 10B. KIND OF BUSINESS OR INDUSTRY: Jewelery | 11. BIRTHPLACE (State or foreign country): Winchester Va. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel D. Baker | 14. MOTHER'S MAIDEN NAME: Susan Royse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service) none | 16. SOCIAL SECURITY NO. none | 17. INFORMANT & ADDRESS: Miss Mary Baker 27 N. Jonathan St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 420.1 (A) Coronary Thrombosis — 1 Day

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/10/54, 19..., to 5/11/54, 19..., that I last saw the deceased alive on 5/11/54, 19..., and that death occurred at 10A M, from the causes and on the date stated above.

SIGNATURE Carl L. Young M.D. ADDRESS Williamsport Md. DATE SIGNED 5/12/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF May, 14, 1954 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) Hagerstown (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 5/13/1954 | REGISTRAR'S SIGNATURE Edwin T. Bowers | 24. FUNERAL DIRECTOR Fred W. Kraisinger | ADDRESS 139 N. Pot. St. Hag. Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 17 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04929

5010

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1 PLACE OF DEATH:
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Funkstown
MARYLAND LENGTH OF STAY (in this place): 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Nally Conv. Home

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): Ravenwood Heights

3 NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Clarence (Last) Barnhart

4. DATE OF DEATH: (Month) May (Day) 26 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 10-23-1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months 7 Days 3 IF UNDER 24 HRS.: Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Ret'd. R. R. Cond.

10b. KIND OF BUSINESS OR INDUSTRY: W. M. R. R. Co.

11. BIRTHPLACE (State or foreign country): Funkstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David G. Barnhart

14. MOTHER'S MAIDEN NAME: Margaret V. Fry

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-10-5003

17. INFORMANT & ADDRESS: Paul Barnhart, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 4221 (a) Arteriosclerotic Cardio Vascular Disease — Interval Between Onset And Death: 5 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1954, to May 26, 1954, that I last saw the deceased alive on May 25, 1954 and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert L. Conrad, MD ADDRESS: Hagerstown, Md. DATE SIGNED: May 27, 1954

23 BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5-28-1954
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR: May 28, 1954
REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS: C. M. Suter & Sons, Hagerstown, Maryland

RECEIVED
JUN 1 1954
BUREAU V. S.

04930

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4962 **CERTIFICATE OF DEATH** Dr Lusby Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15—10-53

1 PLACE OF DEATH
COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 4 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 341 Ridge Ave

3 NAME OF DECEASED. (Type or Print) (First) LEO (Middle) HERBERT (Last) BENNER

4 DATE OF DEATH (Month) (Day) (Year) May 3 1954

5 SEX Male | 6 COLOR OR RACE White | 7 SINGLE MARRIED WIDOWED DIVORCED (Married) | 8 DATE OF BIRTH Dec 7 1916 | 9 AGE last birthday 37 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 Hrs. Hours Min

10A USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Machinist
10B KIND OF BUSINESS OR INDUSTRY Fairchild Air Craft
11 BIRTHPLACE (State or foreign country) Hagerstown Md.
12 CITIZEN OF WHAT COUNTRY? USA

13 FATHER'S NAME. Jacob Spencer Benner
14 MOTHER'S MAIDEN NAME May V. Carns

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16 SOCIAL SECURITY NO 215-10-4427
17 INFORMANT & ADDRESS: Mrs Julia W. Benner

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

431X IMMEDIATE CAUSE (A) Acute Myocardial — INTERVAL BETWEEN ONSET AND DEATH 6 hrs

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Respiratory Infection — 1 week

19A DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D TIME (Month) (Day) (Year) (Hour) OF INJURY M
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 May, 1954, to 2 May, 1954, that I last saw the deceased alive on 2 May, 1954, and that death occurred at 10 20 P M, from the causes and on the date stated above.

F J Lusby M D — ADDRESS 230 W Potomac — DATE SIGNED 3 May 54

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 5/5/54 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR May 4 1954 | REGISTRAR'S SIGNATURE Chas H Towers

24 FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

RECEIVED
MAY 6 1954
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04931

4963

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 26 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
STREET ADDRESS (If rural give location) St. Paul St.

3. NAME OF DECEASED: (Type or Print) (First) Jennie (Middle) (Last) Betehenner

4. DATE OF DEATH: (Month) (Day) (Year) May 24 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: November 15-1862
9. AGE last birthday 91-6-9 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY: at Home.
11. BIRTHPLACE (State or foreign country). Boonsboro Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ezra Betehenner
14. MOTHER'S MAIDEN NAME: Mary Betehenner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Miss Gladys Thomas Boonsboro Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic heart disease ~~DUE TO~~ 42 ?

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Senility ~~DUE TO~~ ?

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death None.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1952, to May 24, 1954, that I last saw the deceased alive on May 22 1954, and that death occurred at 11:30 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) Archie Robert Cohen M.D. ADDRESS Clear Spring Md DATE SIGNED May 25. 1954.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial. DATE THEREOF May 26. 1954 NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery LOCATION (City, town, or county) (State) Boonsboro Wash. Co. Md

DATE REC'D BY LOCAL REGISTRAR May 26, 1954 REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Wm. F. Bast & Sons ADDRESS Boonsboro Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 23 19[illegible]
BUREAU V. S.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

04932

5011

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 301

1. PLACE OF DEATH COUNTY: Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Williamsport R#2
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Franklin COUNTY: [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Mercersburg, Pa
STREET ADDRESS (If rural, give location): R # 2 ✓

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) Ray (Last) Bowers
4. DATE OF DEATH (Month) May (Day) 22 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 3, 1931
9. AGE last birthday: 22 yrs. If under 1 year: Months / Days; If under 24 hours: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Mercersburg, R # 2, Pa
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: Emmert V. Bowers
14. MOTHER'S MAIDEN NAME: Rose Pearl Rubich
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service): No
16. SOCIAL SECURITY No.: 177-24-5853
17. INFORMANT AND ADDRESS: Emmert V. Bowers, Mercersburg, Pa. R 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Crushed skull hemorrhage and shock

Antecedent cause (b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

INTERVAL BETWEEN ONSET AND DEATH: [illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT, CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (If me, farm, factory, street, office bldg., etc.): Highway
(CITY OR TOWN) (COUNTY) (STATE): Williamsport, Md. R # 2 -Wash Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): May 22'54 10:45PM
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Motorcycle collided with an auto

22. I certify that I took charge of the remains described, that I held an Autopsy, Inspection ☒, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, that the said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE: S. Robert Wells MD
DEPUTY MEDICAL EXAM. WASH. CO., MD.
ADDRESS: 115 N. Potomac St. Hagerstown, Md
DATE SIGNED: 5-24-54

DISPOSITION: Burial
DATE CHECKED: 5/25/54
NAME OF CEMETERY OR CREMATORY: Welsh Run Brotherhood Cem.
LOCATION (City, town, or county) (State): Franklin Co. Mercersburg, Pa.

23. FILED BY LOCAL REGISTRAR'S SIGNATURE: May 24 1954 E. Lee McElroy
24. FUNERAL DIRECTOR: F. M. Zininger, Mercersburg, Pa.
ADDRESS:

RECEIVED
MAY
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04933

5012 **CERTIFICATE OF DEATH** Reg. Dist. No. 305

1 PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boonesboro R#2

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural
STREET ADDRESS (If rural give location) Boonesboro R#2

3 NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Chauncy E Brewbaker
4 DATE OF DEATH (Month) (Day) (Year) May 17 1954

5 SEX. Male
6 COLOR OR RACE. White
7 SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8 DATE OF BIRTH Oct 28, 1882
9. AGE last birthday 71 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Bookkeeper
10B KIND OF BUSINESS OR INDUSTRY Steel
11 BIRTHPLACE (State or foreign country) Washington Co. Md.
12 CITIZEN OF WHAT COUNTRY? US

13 FATHER'S NAME John Brewbaker
14. MOTHER'S MAIDEN NAME Catherine Sword

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-24-5830A
17. INFORMANT & ADDRESS John Brewbaker Boonesboro Md. R#2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
IMMEDIATE CAUSE (A) Generalized arteriosclerosis
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Acute nephritis
DUE TO (C)
INTERVAL BETWEEN ONSET AND DEATH: 10 yrs; 2 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D TIME OF INJURY (Month) (Day) (Year) (Hour) M
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 1954, to May 17, 1954, that I last saw the deceased alive on May 17, 1954, and that death occurred at 10 A M, from the causes and on the date stated above.
SIGNATURE [signature] M D ADDRESS Boonesboro DATE SIGNED 5/19/54

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 5/19/54
NAME OF CEMETERY OR CREMATORY Broadfording Cemetery
LOCATION (City, town, or county) Broadfording Wash Co. Md. (State)

DATE REC'D BY LOCAL REGISTRAR May 19, 1954
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
MAY 2
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04934

4964 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

1. PLACE OF DEATH.
COUNTY Wash. MARYLAND
CITY (If outside corporate limits write RURAL LENGTH OF STAY OR and give nearest town) (in this place)
TOWN Hagerstown 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) First Reuben (Middle) Coleman (Last) Brown
4. DATE OF DEATH. (Month) May (Day) 9 (Year) 1954
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Oct. 6, 1897
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): carpenter
10b. KIND OF BUSINESS OR INDUSTRY: manufacturing
11. BIRTHPLACE (State or foreign country): Frederick County, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: David C. Brown
14. MOTHER'S MAIDEN NAME: Alice Lumm
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY No. 220-09-9162
17. INFORMANT & ADDRESS: Olive P. Brown, Smithsburg, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

59 ex

Immediate cause (a) Cerebral Vascular Accident — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arterio-Sclerosis — 4 yrs

DUE TO Cardio Renal Hepatic Syndrome

(c) Chronic Nephritis — 15 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION.
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 7, 1954, to May 9, 1954 that I last saw the deceased alive on May 9, 1954, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

SIGNATURE G. G. Kohler (Degree or title) M.D. ADDRESS Smithsburg DATE SIGNED 5/10/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5-12-54 NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery LOCATION (City, town, or county) Lantz, Md. (State)

DATE REC'D BY LOCAL REGISTRAR May 11, 1954 REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son, ADDRESS Smithsburg

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 14
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04935

5013

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 305

1. PLACE OF DEATH
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Benovola,
LENGTH OF STAY (In this place) 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Benovola X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 160 South Potomac Street

3. NAME OF DECEASED (Type or Print) First: Elmer (Middle): J. (Last): Pyrum
4. DATE OF DEATH (Month): May (Day): 1 (Year): 54
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: 8-1-1902
9. AGE (last birthday): 51 yrs. If under 1 year: Months: 0 Days: 21 If under 24 hrs.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Man
10b. KIND OF BUSINESS OR INDUSTRY: Pang. Corp.
11. BIRTHPLACE (State or foreign country): Beaver Creek, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles P. Pyrum
14. MOTHER'S MAIDEN NAME: Effie Summers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 214-09-8695
17. INFORMANT AND ADDRESS: Mary C. Dick, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH
976X
Immediate cause (a): GunShot wound thru neck into skull
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b): Hemorrhage & Shock (12 gauge)
(c):

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death:

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT, WAS PRIMARY OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Highway
(CITY OR TOWN): Benovola (COUNTY): Wash (STATE): Md.
TIME OF INJURY (Month, Day, Year, Hour): May 1 '54 1:00PM
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot Self with 12 gauge shot gun

22. I saw [illegible] that I took charge of the [illegible] described above, have held an autopsy ☐ Inspection ☒ Inquiry ☐ thereon and from the [illegible] and [illegible] and [illegible] and

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MAY
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04936

4965 CERTIFICATE OF DEATH Reg. Dist. No. 302

1 PLACE OF DEATH.
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET (If rural give location) 606 Potomac Ave.

3. NAME OF DECEASED: (Type or Print) (First) Amy (Middle) ---- (Last) Carl
4. DATE OF DEATH: (Month) (Day) (Year) May 31, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 30, 1954
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 14 Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country). Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James E. Carl
14. MOTHER'S MAIDEN NAME: Alleen Grove Reid

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: ----
17. INFORMANT & ADDRESS: James E. Carl Hag. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5
Immediate cause (a) DUE TO Premature birth (Wgt 1 lb 6 oz)
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Atelectasis
(c)

Interval Between Onset And Death
(a) 6 hrs.
(b) 6 hr.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/30, 1954, to 5/30, 1954, that I last saw the deceased alive on 5/30, 1954, and that death occurred at 10 50 AM from the causes and on the date stated above.
SIGNATURE Robert A Young (Degree or title) M D ADDRESS 318 N. Potomac St DATE SIGNED 6/2/54

23 BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF June 4, 1954 NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery LOCATION (City, town, or county) Hagerstown (State) Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR June 1, 1954 Chas. H. Howard
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

2054272240

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 4 1954
BUREAU V. S.

04937

4966

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist No. 302

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown, Md.
STREET ADDRESS (If rural give location) 200 Creek Road

3. NAME OF DECEASED (Type or Print) (First) Kenny (Middle) Edward (Last) Cross

4. DATE OF DEATH (Month) May (Day) 26 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, Specify Single

8. DATE OF BIRTH Oct. 22, 1953

9. AGE last birthday yrs. If under 1 year: Months 7 Days 4 If under 24 hrs: Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles Cross

14. MOTHER'S MAIDEN NAME Bertha Shuck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS Charles Cross, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	CONGESTIVE HEART FAILURE	10 DAYS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	CONGENITAL HEART DISEASE	8 MO.
(c)	SEPTAL DEFECT	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ANEMIA SECONDARY — 2 MO.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 16, 1954, to MAY 26, 1954, that I last saw the deceased alive on MAY 26, 1954, and that death occurred at 3 1/2 A. DST. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) Cayman, MD ADDRESS 5 PUBLIC SQUARE HAGERSTOWN, MD DATE SIGNED MAY 16 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 5-28-54

NAME OF CEMETERY OR CREMATORY Bethel Cemetery Morgan Co. W.Va.

LOCATION (City, town, or county) Berkeley Springs (State) W.Va.

DATE REC'D BY LOCAL REG. May 26, 1954

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Howard J. Grove ADDRESS Hancock Md

2. 3. 32. 5

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death, clearly and legibly.

MARGIN RESERVED FOR BINDING

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RECEIVED
MAY 29
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04938

CERTIFICATE OF DEATH

Reg Dist. No 302

Dr. Kneisly

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1000 Potomac Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 1000 Potomac Avenue

3. NAME OF DECEASED (Type or Print) (First) ATHALIA (Middle) ----- (Last) DOWNEY

4. DATE OF DEATH (Month) May (Day) 7 (Year) 1954

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH April 1, 1876 | 9. AGE last birthday 78 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (State or foreign country) Downsville, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Downey | 14. MOTHER'S MAIDEN NAME Alice Highberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) ----- | 16. SOCIAL SECURITY NO none | 17. INFORMANT & ADDRESS Ira Downey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 154X

(A) CARCINOMA OF THE CERVIX UTERI — INTERVAL BETWEEN ONSET AND DEATH 1½ yrs.

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) CARCINOMA OF THE RECTUM — 2½ yrs.

DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19a. DATE OF OPERATION Nov 1951 | 19b. MAJOR FINDINGS OF OPERATION CARCINOMA OF RECTUM. | 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify Medical Examiner) | 21b. PLACE (Home, farm, factory of injury street, office bldg., etc) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1951, to 5-7 1954, that I last saw the deceased alive on 5-6 1954, and that death occurred at 11 A. M., from the causes and on the date stated above.

SIGNATURE B B Kneisly M D — ADDRESS 148 W. Wash St Hagerstown Md — DATE SIGNED 5-7-54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 5-9-54 | NAME OF CEMETERY OR CREMATORY Manor Cemetery near Tilghmanton, Maryland | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR May 8, 1954 | REGISTRAR'S SIGNATURE Wm. H. Hoovers | 24. FUNERAL DIRECTOR Andrew K. Coffman, Hagerstown, Md. ADDRESS

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 1954
BUREAU

04939

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5014 CERTIFICATE OF DEATH

Reg. Dist. No. 304

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hancock Md
LENGTH OF STAY (in this place) 9.Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Washington COUNTY Maryland.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hancock Maryland.
STREET ADDRESS (If rural give location) Home

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Oliver (Last) Dunbar
4. DATE OF DEATH: (Month) 5 (Day) 13 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Oct 12.1895
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months 7 Days 4 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Horticulturalist
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Pittsfield Mass.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Dunbar
14. MOTHER'S MAIDEN NAME: Celestia Howard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) War.1
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs Gwendolen M Dunbar Hancock Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: Instant

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertensive Disease — about 1 yr

DUE TO (c) Worry and Excitement — about 2 wks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 , to May 13, 1954, that I last saw the deceased alive on 5/8/54, 19 , and that death occurred at 8.10 am, from the causes and on the date stated above.

SIGNATURE H E Tabler (Degree or title) MD. ADDRESS DATE SIGNED 5/13/54

23. BURIAL [redacted]TION, REMOVAL (Specify) Burial
DATE THEREOF 5 10.54
NAME OF CEMETERY OR CREMATORY Pittsfield Mass.
LOCATION (City, town, or county) Pittsfield Berkshire (State) Mass.
DATE REC'D BY LOCAL REGISTRAR 5-18-54
REGISTRAR'S SIGNATURE A Heller
24. FUNERAL DIRECTOR Howard J Grove ADDRESS Hancock Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04940

4968 CERTIFICATE OF DEATH Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1 PLACE OF DEATH: COUNTY Wash. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | MARYLAND LENGTH OF STAY (in this place) 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown

STREET ADDRESS (If rural give location) S. Potomac St.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Unnamed child of Grayson M. Early

4. DATE OF DEATH. (Month) May (Day) 8 (Year) 1954

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: May 7, 1954 | 9. AGE last birthday yrs. | IF UNDER 1 YEAR Months Days 1 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Hagerstown, Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Grayson m. Early

14. MOTHER'S MAIDEN NAME: Martine G. Butts

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: Grayson M. Early, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.4 Immediate cause (a) DUE TO Anopemia — Interval Between Onset And Death: life.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Congenital heart disease and/or — life

(c) Cong. Atelectasis — life

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from birth, 19 to 5-8-, 1954, that I last saw the deceased alive on 5-8, 1954, and that death occurred at 6:50 AM from the causes and on the date stated above.

SIGNATURE Robert J. Keadle (Degree or title) MD | ADDRESS Hagerstown | DATE SIGNED 5-9-54

23. BURIAL, CREMATION, REMOVAL (Specify) burial | DATE THEREOF May 10, 54 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR May 10, 1954 | REGISTRAR'S SIGNATURE Chas. H. Bowers | 24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son, Hagerstown

2054263385

RECEIVED
MAY 12 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04941

4969 CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

1 PLACE OF DEATH.
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits write RURAL OR TOWN and give nearest town): Hagerstown
LENGTH OF STAY (In this place): 62 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 214 North Mulberry Street

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
STREET ADDRESS (If rural give location): 214 North Mulberry Street

3. NAME OF DECEASED: (First) Bessie (Middle) (Last) Eller
4. DATE OF DEATH: (Month) May (Day) 22 (Year) 19 54
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 12-21-1869
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months 5 Days 1 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Shoe Shop
10b. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Vilna, Poland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: -------Gordon
14. MOTHER'S MAIDEN NAME: Rosa Lena Kaplan
15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.): NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: Samuel Eller, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Coronary Occlusion — 1 hr.
DUE TO
Antecedent causes (b) Coronary Sclerosis — 15 yrs.
DUE TO
(c) Pernicious Anemia. — 18 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 23, 1941, to May 22, 1954, that I last saw the deceased alive on 5/21, 1954, and that death occurred at 4 a.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) Frank F. Stupp, M.D. ADDRESS 197½ N. Potomac St. Hagerstown, Maryland DATE SIGNED 5/22/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 23 May 1954
NAME OF CEMETERY OR CREMATORY Hebrew Cemetery
LOCATION (City, town, or county) (State) Halfway, Maryland
DATE REC'D BY LOCAL REGISTRAR May 25 1954
REGISTRAR'S SIGNATURE Frank H. Towers
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

VS. A15

RECEIVED
MAY 25 1954
BUREAU V. S.

206

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04942

5015

CERTIFICATE OF DEATH

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH: COUNTY Wash. MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Hagerstown | LENGTH OF STAY (in this place) 3 months | HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nursing Home

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | STREET ADDRESS (If rural give location) 20 Winter St.

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) M. (Last) Everly | 4 DATE OF DEATH (Month) May (Day) 25 (Year) 19 54

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed | 8. DATE OF BIRTH: Nov. 21, 1862 | 9. AGE last birthday. IF UNDER 1 YEAR (Months) (Days) IF UNDER 24 HRS. (Hours) (Min) 91 yrs.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) housewife | 10b. KIND OF BUSINESS OR INDUSTRY: own home | 11. BIRTHPLACE (State or foreign country) Chambersburg, Penna. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Kauffman | 14. MOTHER'S MAIDEN NAME: Mary M. Shell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: - - | 17. INFORMANT & ADDRESS: William, Everly, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.1 (a) DUE TO Malnutrition

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Myocarditis, arteriosclerotic

(c)

Interval Between Onset And Death 2 yrs ind.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-5-19 to death, 19, that I last saw the deceased alive on March 19 54 and that death occurred at 6:45 AM from the causes and on the date stated above.

SIGNATURE Robert J. Headle (Degree or title) | ADDRESS Hagerstown | DATE SIGNED 5-26-54

23. BURIAL, CREMATION, REMOVAL (Specify) burial | DATE THEREOF May 28, 1954 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR May 27, 1954 | REGISTRAR'S SIGNATURE Joseph W. Murray Local | 24. FUNERAL DIRECTOR Scott F. Minnich & Son, Hagerstown | ADDRESS

VS. A15

RECEIVED
JN 3 1954
BUREAU V. S.

Wells

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4970

CERTIFICATE OF DEATH

04943

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1 PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (In this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 120 N. Jonathon St.

3 NAME OF DECEASED (Type or Print) (First) William (Middle) C (Last) Fish
4 DATE OF DEATH (Month) May (Day) 28 (Year) 1954

5 SEX male
6 COLOR OR RACE white
7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8 DATE OF BIRTH June 9, 1872
9 AGE Last birthday 81 yrs (If under 1 year: Months, Days; If under 24 hrs: Hours, Min.)

10A USUAL OCCUPATION (Give kind of work done during most of working life even if retired) produce peddler
10B KIND OF BUSINESS OR INDUSTRY self
11 BIRTHPLACE (State or foreign country) Maryland
12 CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME Wesley Fish
14 MOTHER'S MAIDEN NAME Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16 SOCIAL SECURITY NO none
17 INFORMANT & ADDRESS Mrs. Ruth Smith Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) arteriosclerotic myocardial heart disease — INTERVAL BETWEEN ONSET AND DEATH: 5yrs

ANTECEDENT CAUSE (B) DUE TO Benign hypertrophy of prostate gland (hemorrhage from bladder) — 6mos

DISEASES OR CONDITIONS IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A DATE OF OPERATION: May 19, 1954
19B MAJOR FINDINGS OF OPERATION cystoscopic , hypertrophy of prostate gland
20 AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) none M
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951 to May 28, 1954, that I last saw the deceased alive on May 28, 1954, and that death occurred at 1:20 A.M. DST from the causes and on the date stated above.

SIGNATURE (M.D.) Robert Wells — ADDRESS 115 N. Potomac St. Hagerstown Md. — DATE SIGNED 6/1/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 5-31-54 — NAME OF CEMETERY OR CREMATORY Rose Hill — LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR June 3, 1954 — REGISTRAR'S SIGNATURE Edith H. Bowers

24 FUNERAL DIRECTOR Fred W. Braiss — ADDRESS Hagerstown, Md.

RECEIVED
JUN
BUREAU V. S.

04944

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr Ditto

4971 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

1 PLACE OF DEATH: Washington COUNTY MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown

LENGTH OF STAY (In this place): 28 Yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 863 Fraederick St

2 USUAL RESIDENCE (HOME) OF DECEASED: Maryland STATE Washington COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown

STREET ADDRESS (If rural give location): 862 Frederick St.

3 NAME OF DECEASED (Type or Print): (First) ARRUNAH (Middle) RAY (Last) GARDNER

4. DATE OF DEATH (Month) (Day) (Year): May 25 1954 19

5 SEX: Male

6 COLOR OR RACE: White

7 SINGLE MARRIED WIDOWED, DIVORCED, (Specify): Married

8 DATE OF BIRTH: Feby 16 1887

9 AGE last birthday: 67 yrs

IF UNDER 1 YEAR: Months Days

IF UNDER 24 HRS: Hours Min

10A USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Sales Man

10B KIND OF BUSINESS OR INDUSTRY: J.W. Myers & Co

11 BIRTHPLACE (State or foreign country): Cheboygan Michigan

12 CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Gardner

14 MOTHER'S MAIDEN NAME: Estelle Hibbard

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ------

16 SOCIAL SECURITY NO: 214-09-7588

17. INFORMANT & ADDRESS: Mrs Maude Lease Gardner

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE: 153X

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(A) Carcinoma (Intestine) DUE TO

(B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 7 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A DATE OF OPERATION

19B MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE OF INJURY (Home, farm, factory street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 1954 to 5-25, 1954, that I last saw the deceased alive on 5/25/54 19 , and that death occurred at 1:15 AM, from the causes and on the date stated above.

SIGNATURE: J. W. Ditto

ADDRESS: Hagerstown M D

DATE SIGNED: 5/26/54

23 BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 5/27/54

NAME OF CEMETERY OR CREMATORY: Mt Olivet Cemetery

LOCATION (City, town, or county) (State): Frederick Md.

DATE REC'D BY LOCAL REGISTRAR: May 27. 1954

REGISTRAR'S SIGNATURE: Chas H Bowers

24 FUNERAL DIRECTOR: Andrew K. Coffman

ADDRESS: Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

I

RECEIVED
JUN 1
BUREAU V. S.

Keadle

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

20541915

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04945

4972

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1 PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Wash.
CITY If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Rural
STREET ADDRESS (If rural give location) R.F.D. # 5

3 NAME OF DECEASED (Type or Print): First: Michael Middle: Eugene Last: Grove

4 DATE OF DEATH (Month) 5 (Day) 27 (Year) 1954

5 SEX: male

6 COLOR OR RACE: white

7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8 DATE OF BIRTH: May 25, 1954

9 AGE last birthday: yrs. IF UNDER 1 YEAR Months 2 Days; IF UNDER 24 HRS Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant

10B KIND OF BUSINESS OR INDUSTRY: infant

11 BIRTHPLACE (State or foreign country): Hagerstown, Md.

12 CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME: Clyde Martin Grove

14 MOTHER'S MAIDEN NAME: Shirley Elizabeth Brown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: M. E. Grove Hager town, Md. R5

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE: 754.1

(A) DUE TO: Congenital heart desease. — INTERVAL BETWEEN ONSET AND DEATH: life.

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO: (Atypical patent ductus). and/or punctate cerebral hemorrhage life.

(C) DUE TO:

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: none.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from birth, 19 , to death, 19 , that I last saw the deceased alive on 5-26, 1954, and that death occurred at 6:35 A.M., from the causes and on the date stated above.

SIGNATURE Robert J. Keadle M D ADDRESS Hagerstown Md DATE SIGNED 5-29-54

23 BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 5-28-54

NAME OF CEMETERY OR CREMATORY: St. Pauls

LOCATION (City, town, or county) (State): Hagerstown (Rural) Md.

DATE REC'D BY LOCAL REGISTRAR: May 8, 1954

REGISTRAR'S SIGNATURE: Ethel M. Bowers

24 FUNERAL DIRECTOR: Adrian H. Rowland ADDRESS: Clearspring, Md.

RECEIVED
1 1954
BUREAU V. S.

04946

MARYLAND 5016

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Grove - Rural
LENGTH OF STAY (in this place) 53 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rohrersville Md. R.1.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Grove - Rural.
STREET ADDRESS (If rural, give location) Rohrersville Md. R.1.

3. NAME OF DECEASED (Type or Print): (First) Eudora (Middle) - (Last) Haynes.

4. DATE OF DEATH: (Month) May (Day) 29. (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 13, 1870

9. AGE last birthday: 83-5-16 yrs.
If under 1 year: Months | Days
If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm wife

10b. KIND OF BUSINESS OR INDUSTRY: Farm Home

11. BIRTHPLACE (State or foreign country): Canton Illinois

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Martin Fahelman

14. MOTHER'S MAIDEN NAME: Amelia Dewitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Miss Martha E. Haynes Rohrersville Md. R.1.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized arteri-sclerosis.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b).

(c).

INTERVAL BETWEEN ONSET AND DEATH: 8 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1953, to May 29, 1954, that I last saw the deceased alive on May 29, 1954, and that death occurred at 7:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) K. W. Lehan M.D. ADDRESS Boonsboro DATE SIGNED 5/31/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: June-1-1954

NAME OF CEMETERY OR CREMATORY: Forest Grove Cemetery

LOCATION (City, town, or county) (State): Forest Grove Wash. Co. Md.

DATE REC'D BY LOCAL REG: May 31-1954

REGISTRAR'S SIGNATURE: Mrs Katherine Rappenhart

24. FUNERAL DIRECTOR ADDRESS: Wm. J. Bast & Sons Boonsboro Md.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 2 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04947

4973 CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH.
COUNTY Washington
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Hagerstown, Md.
LENGTH OF STAY (in this place) 55yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 63 Blooms Ave.

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Maryland.
STREET ADDRESS (If rural give location) 63 Blooms Ave.

3. NAME OF DECEASED: (Type or Print) First: Emanual (Middle): (ne) (Last): Hill

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan 11 1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Yard Carrier

10b. KIND OF BUSINESS OR INDUSTRY: Building constr.

11 BIRTHPLACE (State or foreign country): Blackstone, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Hill

14. MOTHER'S MAIDEN NAME: Marie Jones

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-09-9877

17. INFORMANT & ADDRESS: Merie Hill, 63 Blooms Ave., Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardio Vascular Renal DUE TO — Interval Between Onset And Death 4 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? Yes ☐ No ☐

21 ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1 1953, to May 30, 1954, that I last saw the deceased alive on May 29, 1954, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert P. Conrad, MD ADDRESS Hagerstown, Md DATE SIGNED 6-1-54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 6-2-1954 NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery LOCATION (City town or county) Hagerstown, Md State

DATE REC'D BY LOCAL REGISTRAR June 2, 1954 REGISTRAR'S SIGNATURE Thad H Bowers

24. FUNERAL DIRECTOR John R Watson Jr ADDRESS Hagerstown Md

VS. A15

RECEIVED
JUN 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04948

5017 CERTIFICATE OF DEATH Reg. Dist. No. 306

1. PLACE OF DEATH.
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg
LENGTH OF STAY (in this place) 45 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg
STREET ADDRESS (If rural give location) ~~E.~~ South Main ST

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Henry (Last) Hoffman
4. DATE OF DEATH (Month) May (Day) 3 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 9, 1886
9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Auto Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Own
11. BIRTHPLACE (State or foreign country) Ringgold Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John W. Hoffman
14. MOTHER'S MAIDEN NAME: Emma V. Rowe

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT & ADDRESS: Mrs. Anna Hoffman, Smithsburg Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
151 X
Immediate cause (a) Carcinoma of stomach
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)
Interval Between Onset And Death 8 mos.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio-sclerotic heart disease 10-12 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ,1945, to May 3, 1954 that I last saw the deceased alive on May 2, 1954, and that death occurred at 4 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Walter Hutchinson M.D. ADDRESS 152 W Main Waynesboro Pa. DATE SIGNED 5-4-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/6/54
NAME OF CEMETERY OR CREMATORY Green Hill
LOCATION (City, town, or county) Waynesboro (State) Pa.
DATE REC'D BY LOCAL REGISTRAR May 5-54
REGISTRAR'S SIGNATURE Geo. W Ferguson
24. FUNERAL DIRECTOR Walter Y. Grove ADDRESS Waynesboro, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK Supply every item of information carefully The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 7 1954
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04949

5018 CERTIFICATE OF DEATH

Reg. Dist. No. 304

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

1 PLACE OF DEATH.

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural R.F.D.1 — LENGTH OF STAY (in this place) Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2 USUAL RESIDENCE (HOME) OF DECEASED

STATE ryland — COUNTY ashington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural R.F.D.1

STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	L	Hoopengardner	5.	22	19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Marri[illegible]	5.21.1878	76 yrs.		1

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming	Farming	Fulton County Penna.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Hoopengardner	Mary Northcraft

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS
No No		Guy Hoopengardner Route 1 Hancock Md.

18. MEDICAL CERTIFICATION

1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) DUE TO: Coronary Thrombosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) DUE TO: Chronic Myocarditis

(c) 420.1

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Carcinoma Prostate.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 5-21, 1954 to 5-22, 1954, that I last saw the deceased alive on 5-21, 1954, and that death occurred at 4:30 P.M. from the causes and on the date stated above

SIGNATURE Herbert R. Tobias (Degree or title) M.D. ADDRESS Hancock Md. DATE SIGNED 5-24-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5.25.54	Buck Valley Christian	BuckValley Fulton Penna.

DATE REC'D BY LOCAL REGISTRAR 5/25/54 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Howard J. Stone — ADDRESS Hancock Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04950

4974 CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Washington Co., Md. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Md.
LENGTH OF STAY (in this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg, Md.
STREET ADDRESS (If rural give location) West Water St.

3. NAME OF DECEASED: (Type or Print) (First) Venus (Middle) Noami (Last) Hoover
4. DATE OF DEATH: (Month) May (Day) 29 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Oct. 2, 1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: School Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Public Schools
11 BIRTHPLACE (State or foreign country): Franklin Co., Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Benjamin Hoover
14. MOTHER'S MAIDEN NAME: Sarah Newcomer
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --
16. SOCIAL SECURITY NO. --
17. INFORMANT & ADDRESS: Mr. Robert Spahr, Smithsburg, Md. RD #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Pulmonary Edema (acute) — Interval Between Onset And Death: 24 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO: Myocardial Decompensation — 3 wks
(c) Arterio Sclerotic Heart — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION. 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 11, 1954 to May 29 1954 that I last saw the deceased alive on May 29 1954 and that death occurred at 2 A.M. from the causes and on the date stated above.
SIGNATURE E. E. Kolbe (Degree or title) M.D. ADDRESS Smithsburg DATE SIGNED 5/29/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 1, 1954 — NAME OF CEMETERY OR CREMATORY Smithsburg Lutheran — LOCATION (City, town, or county) Smithsburg — (State) Md.
DATE REC'D BY LOCAL REGISTRAR June 1, 1954 — REGISTRAR'S SIGNATURE Ethel H. Bowers
24 FUNERAL DIRECTOR Scott F. Minnich & Son, Smithsburg, Md. ADDRESS

VS. A15

RECEIVED
JUN 4 19
BUREAU V. S.

04951

4975

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3022

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boonsboro
STREET ADDRESS (If rural, give location): Route #1.

3. NAME OF DECEASED (Type or Print) (First): Emma (Middle): Elizabeth (Last): Hyland
4. DATE OF DEATH (Month): 5 (Day): 18 (Year): 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 5-10-23
9. AGE last birthday: 31 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas Everette Upchurch
14. MOTHER'S MAIDEN NAME: Vivian Ware O'Neill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: E. Lawrence Hyland, Boonsboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Aneurysm of branch of middle cerebral artery

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary edema

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN): — (COUNTY): — (STATE): —
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 5-17, 1954, to 5-18, 1954, that I last saw the deceased alive on 5-17, 1954, and that death occurred at 12:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Samuel F. Waddell, MD. — ADDRESS: 115 King St. Hagerstown, Md — DATE SIGNED: 5-18-54

23. BURIAL, CREMATION REMOVAL (Specify) — DATE: 5-22-54 — NAME OF CEMETERY OR CREMATORY: Mt Comfort — LOCATION (City, town, or county) (State): Fairfax County, VA

DATE REC'D BY LOCAL REG.: May 18, 1954 — REGISTRAR'S SIGNATURE: [illegible] Bowers
24. FUNERAL DIRECTOR — ADDRESS: A. K. Gypman Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04952

4976 CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-58

1 PLACE OF DEATH
COUNTY Washington MARYLAND Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 29 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1845 Virginia Ave

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 1845 Virginia Ave.

3 NAME OF DECEASED: (Type or Print) First: Clinton (Middle): Dewitt (Last): Jacobs

4 DATE OF DEATH (Month) May (Day) 11 (Year) 1954

5 SEX: Male
6 COLOR OR RACE: White
7 SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8 DATE OF BIRTH: Oct. 26 1892
9 AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months 6 Days 14 IF UNDER 24 Hrs. Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self Employed Contractor (Houses)
10B KIND OF BUSINESS OR INDUSTRY
11 BIRTHPLACE (State or foreign country): Hagerstown Md.
12 CITIZEN OF WHAT COUNTRY? USA

13 FATHER'S NAME: William Jacobs
14. MOTHER'S MAIDEN NAME: Lucille Mongan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service): No
16 SOCIAL SECURITY NO.: 219-20-1583
17. INFORMANT & ADDRESS: 1845 Virginia Ave Mrs Vada Summers Jacobs Hagerstown

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 hours

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc.
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/12/54 19 , to 5/12/54 19 , that I last saw the deceased alive on 5/12/54 19 , and that death occurred at 7:? M, from the causes and on the date stated above.

SIGNATURE Ralph E. Young M D ADDRESS Hagerstown DATE SIGNED 5/13/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: May 14 1954
NAME OF CEMETERY OR CREMATORY: Boonsboro Cemetery
LOCATION (City, town, or county) (State): Boonsboro Maryland

DATE REC'D BY LOCAL REGISTRAR: May 12/1954
REGISTRAR'S SIGNATURE: Chas H. Bowers
24. FUNERAL DIRECTOR ADDRESS: Albert L. Leaf Williamsport Md.

RECEIVED
MAY 14 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04953

5019 CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1 PLACE OF DEATH
COUNTY Washington
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Hagerstown R.2
LENGTH OF STAY (in this place) 36 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stone Court

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown R.2
STREET ADDRESS (If rural, give location) Jefferson Blvd.

3 NAME OF DECEASED (Type or Print) (First) John (Middle) Stanley (Last) Johnson

4 DATE OF DEATH (Month) 5 (Day) 1 (Year) 1954

5 SEX Male | 6 COLOR OR RACE White | 7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8 DATE OF BIRTH Feb. 15, 1890 | 9 AGE last birthday (IF UNDER 1 YEAR Months Days) (IF UNDER 24 HRS Hours Min.) 64 yrs

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Osteopathic Physicians | 10B KIND OF BUSINESS OR INDUSTRY

11 BIRTHPLACE (State or foreign country) Jamestown, Ohio | 12 CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Johnson

14 MOTHER'S MAIDEN NAME Hethe Frame

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16 SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS Mrs. Mary Jane Johnson

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Coronary occlusion	2 ours
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Arteri sclerotic heart disease	6 years
	DUE TO	
	(C) Hypertensive cardiovascular disease	6 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None		

19A DATE OF OPERATION None | 19B MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)

21D TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 27, 1954, to May 13, 1954 that I last saw the deceased alive on April 28, 1954, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE W. D. Forman M.D. ADDRESS E.S.T. Public Sq. DATE SIGNED May 14, 1954

M D

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation | DATE THEREOF May 17, 1954 | NAME OF CEMETERY OR CREMATORY Greenmount Cemetery | LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REGISTRAR May 15, 1954 | REGISTRAR'S SIGNATURE Thos. H. Bowers | 24 FUNERAL DIRECTOR Andrew K. Coffman | ADDRESS Hagerstown, Md.

RECEIVED
MAY 18 1904
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04954

4977

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 324 E. Franklin

3. NAME OF DECEASED (Type or Print): (First) Lucille (Middle) Loraine (Last) Jones

4. DATE OF DEATH: (Month) 5 (Day) 27 (Year) 54

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH: 5-19-54
9. Age last birthday: yrs. If under 1 year: Months 8 Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Hagerstown, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Morris Stevens
14. MOTHER'S MAIDEN NAME: Ardella Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Ira F. Jones Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 176X Prematurity

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 day 00

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19, 1954, to May 27, 1954, that I last saw the deceased alive on May 26, 1954, and that death occurred at 7:30 A m., from the causes and on the date stated above.

SIGNATURE: M. W. Lelan (Degree or title) M.D. ADDRESS: Boonsboro DATE SIGNED: 5/27/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 5-28-54
NAME OF CEMETERY OR CREMATORY: [illegible]
LOCATION (City, town, or county) (State): HAGERSTOWN Md.

DATE REC'D BY LOCAL REG.: May 28, 1954
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: Fred W. Kraiss Hagerstown, Md. ADDRESS

2054181210

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

RECEIVED
JUN 1 1 1
BUREAU V. S.

205

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04955

Item 11, film G166 6/1/54 cm 5020 **CERTIFICATE OF DEATH** Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

1 PLACE OF DEATH:
COUNTY Washington
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Clear Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nursing Home
MARYLAND
LENGTH OF STAY (in this place) 10 weeks

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY Franklin
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chambersburg
STREET ADDRESS (If rural give location) Wilson Abenue

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) Nicklas (Last) Kohler

4 DATE OF DEATH: (Month) May (Day) 16, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept. 10, 1878

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country) Franklin County, Penna. Sept. 10, 1878

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph M. Nicklas

14. MOTHER'S MAIDEN NAME: Margaret Hawbaker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS Stewart M. Nicklas Chambersburg, Pa.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Chr. Bronchiectasis.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO:

(c)

Interval Between Onset And Death: 6 months

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Malnutrition Wt. 54 lbs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 30, 1954 to May 14, 1954, that I last saw the deceased alive on May 14, 1954, and that death occurred at 3:15 P., from the causes and on the date stated above.

SIGNATURE (Degree or title) David H. Brewer M.D. ADDRESS Clear Spring Md. DATE SIGNED 5/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF May 18, 1954

NAME OF CEMETERY OR CREMATORY Cedar Grove

LOCATION (City, town, or county) Chambersburg, Pa. (State)

DATE REC'D BY LOCAL REGISTRAR May 18, 54

REGISTRAR'S SIGNATURE Joseph M. Murray Local Registrar

24. FUNERAL DIRECTOR Adrian T. Rankard. ADDRESS Clear Spring, Md.

BUREAU V. S.

Film#G166 Item# 8 5/20/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04956

4978 **CERTIFICATE OF DEATH** Dr Willson Reg Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15—10-53

1 PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 25 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1112 Rose Hill Ave

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 1112 Rose Hill Ave

3 NAME OF DECEASED (Type or Print) (First) NORA (Middle) ADELLA (Last) KOOGLE
4 DATE OF DEATH (Month) May (Day) 6 (Year) 1954

5 SEX Female | 6 COLOR OR RACE White | 7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8 DATE OF BIRTH Aug 12 18~~74~~ 84 | 9 AGE last birthday 69 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B KIND OF BUSINESS OR INDUSTRY. Own Home
11 BIRTHPLACE (State or foreign country) Shanandoah Va.
12 CITIZEN OF WHAT COUNTRY? USA

13 FATHER'S NAME Jonn J. Cashman
14 MOTHER'S MAIDEN NAME Lary E. Sportman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS Mrs Kenneth Eckard

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
IMMEDIATE CAUSE (A) Cerebral Thrombosis
ANTECEDENT CAUSE (B) DUE TO Arteriosclerosis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH
(A) 4 days.
(B) Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A DATE OF OPERATION | 19B MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc | 21C, WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr., 1954 to 6 May, 1954, that I last saw the deceased alive on 6 May, 1954, and that death occurred at 11:15 PM, from the causes and on the date stated above.

SIGNATURE [signature] M D ADDRESS Hagerstown DATE SIGNED 5/7/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 5/10/54 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) Hagerstown Md. (State)

DATE REC'D BY LOCAL REGISTRAR May 8, 1954 | REGISTRAR'S SIGNATURE [signature]

24 FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md

RECEIVED
MAY 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04957

5021 CERTIFICATE OF DEATH Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leitersburg
MARYLAND LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leitersburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) Henry (Last) Koppisch
4. DATE OF DEATH: (Month) 5/12 (Day) (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
Male	White	Married	Oct. 31, 1891	62 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Landis Tool Co.
11. BIRTHPLACE (State or foreign country): Leitersburg Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Koppisch
14. MOTHER'S MAIDEN NAME: Ella Houser

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 173-03-3843
17. INFORMANT & ADDRESS: Mrs. Margaret Koppisch, Leitersburg Md

18. MEDICAL CERTIFICATION

1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Coronary Thrombosis

Antecedent causes (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO:

(c)

Interval Between Onset And Death: 2 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1953 to 5/11, 1954, that I last saw the deceased alive on 4/21, 1954 and that death occurred at 1 AM 5/12/54 from the causes and on the date stated above.
SIGNATURE H. C. Schultz Jr M.D. (Degree or title) ADDRESS Waynesboro Pa DATE SIGNED May 12 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5/14/54
NAME OF CEMETERY OR CREMATORY: Reform Cemetery
LOCATION (City, town, or county) (State): Leitersburg Md
DATE REC'D BY LOCAL REGISTRAR: May 14- 54
REGISTRAR'S SIGNATURE: Rev. W. Ferguson
24. FUNERAL DIRECTOR: Walter G. Hoke
ADDRESS: Waynesboro, Pa.

VS. A15

RECEIVED
MAY 17 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04958

4979 CERTIFICATE OF DEATH Reg. Dist. No 302

1. PLACE OF DEATH.
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 32 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 123 Broadway

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 123 Broadway

3. NAME OF DECEASED: (Type or Print) (First) Willis (Middle) Foster (Last) Lehman
4. DATE OF DEATH (Month) May (Day) 9 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Nov. 22, 1878
9. AGE last birthday 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Saleman
10b. KIND OF BUSINESS OR INDUSTRY: Home Equipment
11. BIRTHPLACE (State or foreign country) Winchester Va.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Samuel Lehman
14. MOTHER'S MAIDEN NAME: Naomi Shoop
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 173-13-1362A
17. INFORMANT & ADDRESS: Mrs. Mollie V. Lehman Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

350X

Immediate cause (a) Myasthenia gravis — Interval Between Onset And Death: 28 months

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Parkinson's Disease — ? 2 yrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-19, 1953, to 5-9, 1954, that I last saw the deceased alive on 5-9, 1954, and that death occurred at 10.30 AM, from the causes and on the date stated above.

SIGNATURE John H. Horneback (Degree or title) M.D. ADDRESS 154 W. Washington St. Hagerstown, Md. DATE SIGNED 5-10-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF May 11, 1954 NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery LOCATION (City, town, or county) Hagerstown (State) Md.
DATE REC'D BY LOCAL REGISTRAR May 11, 1954 REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 14 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

4980 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04959

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING — Supply every item of information carefully. The correct name, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 18 South Potomac Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 125 East Washington Street

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) Kennett (Last) Linebaugh
4. DATE OF DEATH: (Month) May (Day) 12 (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 17, 1915
9. AGE last birthday: 38 yrs. — If under 1 year: Months / Days / If under 24 hours: Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner
10b. KIND OF BUSINESS OR INDUSTRY: Alhambra Tavern
11. BIRTHPLACE (State or foreign country): HAGERSTOWN, MARYLAND
12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: Wilbur Linebaugh
14. MOTHER'S MAIDEN NAME: Caroline Bloom
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 214-09-1103
17. INFORMANT AND ADDRESS: Mrs. Richard K. Linebaugh, Hagerstown, Md.

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)

Antecedent cause s (b)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause as — Gun shot through skull & brain tissue (,32 calibre revolver)
(c)

20. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

21a. DATE OF OPERATION: None
21b. MAJOR FINDINGS OF OPERATION
22. AUTOPSY? Yes ☐ No ☒

23. WAS CASE REFERRED TO CORONER? YES ☒ NO ☐ — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Office- Tavern — (CITY OR TOWN): Hagerstown — (COUNTY): Washington — (STATE): Md.
TIME OF INJURY: Month May Day 12 Year 54 Hour 7:00PM DST
INJURY OCCURRED: While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR?: Shot self thru mouth into cranium

24. I saw [illegible] alive on the date stated above, and death in my opinion occurred at the time and date stated above. I last saw [illegible] alive on the date stated above. I [illegible] Autopsy ☐ Inspection ☒ Inquiry ☐ thereon and from the [illegible] and Autopsy Inspection or Inquiry [illegible] I consider cause of death to be as stated above. Manner of death: Natural ☐ Accident ☐ Suicide ☒ Homicide ☐ Undetermined ☐

SIGNATURE (Physician): S. Robert Wells MD — DEPUTY MEDICAL EXAMINER — ADDRESS: 115 N. Potomac St., Hagerstown, Md. — DATE SIGNED: 5/12/54

25. DISPOSITION: Burial — DATE: 5-15-1954 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Md.

LOCAL REGISTRAR'S SIGNATURE: May 14 1954 Clark H. Bowers — DATE RECEIVED BY LOCAL REGISTRAR

26. FUNERAL DIRECTOR: C. A. Suter Sons, Hagerstown, Md. — ADDRESS

VS AIBA

APR 17 1954

Dr E.W.Ditto 111

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04960

4981 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

1 PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 1 Year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 239 No Potomac St

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 239 No. Potomac St.

3 NAME OF DECEASED (Type or Print) (First) IRENE (Middle) SOUTHGATE (Last) LUNGER

4 DATE OF DEATH (Month) May (Day) 7 (Year) 1954 19

5 SEX Female
6 COLOR OR RACE White
7 SINGLE MARRIED WIDOWED, DIVORCED, (Specify) Widow
8 DATE OF BIRTH July 27 1884
9 AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B KIND OF BUSINESS OR INDUSTRY: Own Home
11 BIRTHPLACE (State or foreign country) Williamsport Md.
12 CITIZEN OF WHAT COUNTRY? USA

13 FATHER'S NAME Charles Southgate
14 MOTHER'S MAIDEN NAME Sarah Buchanan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16 SOCIAL SECURITY NO. None
17 INFORMANT & ADDRESS Mrs Charles Diffendall

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 1991
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(A) general abdominal carcinomatosis — 1-2 yrs.
DUE TO
(B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Arteriosclerotic heart dis. — 10 yrs.

19A DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 28, 1954, to May 7, 1954, that I last saw the deceased alive on May 6, 1954, and that death occurred at 9:00 AM, from the causes and on the date stated above.

SIGNATURE Edward W. Ditto III, MD
ADDRESS M D 217 W. Washington St.
DATE SIGNED 5/7/54

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 5/10/54
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR May 8, 1954
REGISTRAR'S SIGNATURE Chas. H. Bowers
24 FUNERAL DIRECTOR Andrew K. Coffman
ADDRESS Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15—10-53

RECEIVED
MAY 11
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04961

4982

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1 PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Hagerstown
LENGTH OF STAY (in this place): 33 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 135 Broadway

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Washington
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town): Hagerstown
STREET ADDRESS (If rural give location): 135 Broadway

3. NAME OF DECEASED: (Type or Print) (First) Earl (Middle) William (Last) Mackley
4. DATE OF DEATH: (Month) May (Day) 26 (Year) 19 54
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 5-9-1895
9. AGE last birthday. IF UNDER 1 YEAR Months 0 Days 17 IF UNDER 24 HRS. Hours Min — 59 yrs.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Realtor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Near Gettysburg, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Samuel Henry Mackley
14. MOTHER'S MAIDEN NAME: Florence Heltzel
15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W. W. #1
16. SOCIAL SECURITY No.: 270-05-4959
17 INFORMANT & ADDRESS: Mrs. E. W. Mackley, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Hypertension Arteriosclerotic Heart Disease — Interval Between Onset And Death: 2 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Diabetes — 3 yrs

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1- ,19 54 , to 5- 24 , 19 54 , that I last saw the deceased alive on 5-24 , 19 54 , and that death occurred at 5 P.M. , from the causes and on the date stated above.

SIGNATURE H. W. Mackley (Degree or title) ADDRESS Hagerstown DATE SIGNED 5-26-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5-29-1954 — NAME OF CEMETERY OR CREMATORY REST HAVEN CEMETERY — LOCATION (City, town, or county) HAGERSTOWN (State) MARYLAND

DATE REC'D BY LOCAL REGISTRAR May 28, 1954 — REGISTRAR'S SIGNATURE Ethan H. Bowers

24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Maryland

RECEIVED
JUN 1 1954
BUREAU V. S.

Countersigned Item 21 Film 3166 5/21/54 ams
D.M.E. Wash. Co. Md.
May 13-54
S.R. Short Wells, M.D.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04962

5022

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Funkstown Md
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Valley Convalescent home Funkstown Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maugansville Md.
STREET ADDRESS (If rural, give location) Hagerstown Md. RD 6

3. NAME OF DECEASED (Type or Print) (First) BETTY (Middle) KEADLE (Last) MARTIN
4. DATE OF DEATH (Month) May (Day) 11 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 11-25-1877
9. AGE last birthday 76 yrs. If under 1 year: Months 5 Days 16 If under 24 hrs.: Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House
10b. KIND OF BUSINESS OR INDUSTRY wife
11. BIRTHPLACE (State or foreign country) Mercersburg Pa. RD 2
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Abraham L. Keadle
14. MOTHER'S MAIDEN NAME Mary C. Hose
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Albert J. Martin Hagt. Md RD 6

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Pneumonia	6 wks
Antecedent cause(s)	Genito artery sclerosis	10 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Fracture Femur	9 wks
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Fell in home (CITY OR TOWN) Maugansville (COUNTY) Wash. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 3-11-54 A.m.
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR? Fell in home

22. I hereby certify that I attended the deceased from 3/23/54 19.., to 5/11, 1954, that I last saw the deceased alive on 5-10, 1954, and that death occurred at 7:45 P m., from the causes and on the date stated above.

SIGNATURE A. W. Ditto (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 5-12-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE May 12-54
NAME OF CEMETERY OR CREMATORY Brethren Cemetery
LOCATION (City, town, or county) Welsh Run, (State) Pa. R2
FRANKLIN CO. MERCERSBURG,
DATE REC'D BY LOCAL REG. May 12 1952
REGISTRAR'S SIGNATURE Chas H. Howard
24. FUNERAL DIRECTOR F. M. Lininger, ADDRESS Mercersburg, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 17 19
BUREAU V. S.

04963

MARYLAND 5023 **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH — COUNTY: WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: COOL HOLLOW RD. — LENGTH OF STAY (In this place): 50 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HAGERSTOWN MD. RFD 3

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: COOL HOLLOW ROAD - RURAL
STREET ADDRESS (If rural, give location): HAGERSTOWN MD. RFD. 3

3. NAME OF DECEASED (Type or Print): (First) HARVEY (Middle) KEAGLE (Last) MARTZ

4. DATE OF DEATH (Month) (Day) (Year): MAY - 6 - 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: AUG. 2. 1864

9. AGE last birthday: 89-9-4 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: OWN FARM

11. BIRTHPLACE (State or foreign country): BOONSBORO WASH. CO. MD.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: PETER MARTZ

14. MOTHER'S MAIDEN NAME: REBECCA KEAGLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17 INFORMANT AND ADDRESS: MRS. HUBERT WINDERS HAGERSTOWN MD RJ

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

31X

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senile Arteriosclerosis (c)

INTERVAL BETWEEN ONSET AND DEATH: 1 Day / 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5 1954, to May 6, 1954, that I last saw the deceased alive on May 6 1954, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE: [illegible] M.D. (Degree or title) ADDRESS: Hagerstown, Md. DATE SIGNED: May 6/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE: MAY-8-1954

NAME OF CEMETERY OR CREMATORY: FAHRNEYS CEMETERY

LOCATION (City, town, or county) (State): NEAR MAPLEVILLE MD.

DATE REC'D BY LOCAL REG: May 8 1954

REGISTRAR'S SIGNATURE: John W. Bast

24 FUNERAL DIRECTOR ADDRESS: WM. F. BAST AND SONS BOONSBORO MD

MARGIN RESERVED FOR BINDING

BEACHLEY DR. 221 WASH. ST. HAGERSTOWN MD

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04964

4983 CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH:
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Md.
LENGTH OF STAY (in this place) 3½ Mon.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE West Va. COUNTY Berkley
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Martinsburg
STREET ADDRESS (If rural give location) 122 N. Raleigh

3. NAME OF DECEASED: (Type or Print) (First) Gerald (Middle) Herbert (Last) McAllister
4. DATE OF DEATH: (Month) May (Day) 4, (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
Male	White	Married	Mar. 5, 1923	31 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11 BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Welder		Big Spring, Md.	

13. FATHER'S NAME: Herbert McAllister
14. MOTHER'S MAIDEN NAME: Lyda V. Shank ~~McAllister~~ Md.

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) (If Yes give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS:
No	214-28-7448	Richard B. McAllister, Big Spring

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Sarcoma of ilium — Interval Between Onset And Death: 6 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Dec 6, 1953	Sarcoma of Ilium	Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURED While at Work ☐	Not While At Work ☐	HOW DID INJURY OCCUR?
			m			

22. I hereby certify that I attended the deceased from Dec 1, 1953, to May 4, 1954, that I last saw the deceased alive on May 4, 1954, and that death occurred at 7.30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) David R. Brewer M.D. ADDRESS Clear Spring Md. DATE SIGNED 5/5/54

23. BURIAL, CREMATION, REMOVAL Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION City, town, or county (State)
Burial	May 8, 1954	Rose Hill	Clear Spring, Md.

DATE FILED BY LOCAL REGISTRAR May 6, 1954 — LOCAL REGISTRAR'S SIGNATURE Stuart Bowers

24. FUNERAL DIRECTOR Admin N. Rowland — ADDRESS

VS. A15

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Dr, Keadle

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4984

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1 PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 1 Week
HOSPITAL OR INSTITUTION OR STREET ADDRESS 333 South Street

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) Kuln Ave. Ext'd

3. NAME OF DECEASED (Type or Print) (First) Augusta (Middle) Maria (Last) McKinzie

4 DATE OF DEATH (Month) May (Day) 28 (Year) 19 54

5 SEX Female

6 COLOR OR RACE White

7 SINGLE, MARRIED, WIDOWED, DIVORCED. Spec Married

8 DATE OF BIRTH Jan. 3, 1878

9 AGE Last birthday 76 yrs. IF UNDER 1 YEAR Months IF UNDER 24 HRS Days Hours Min

10A USUAL OCCUPATION Give kind of work done during most of working life, even if retired. House Wife

10B KIND OF BUSINESS OR INDUSTRY. Own Home

11 BIRTHPLACE (State or foreign country) Clearspring. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME Edward Limder

14 MOTHER'S MAIDEN NAME No Record

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16 SOCIAL SECURITY NO None

17. INFORMANT & ADDRESS Roy E. McKenzie

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 443X

(A) DUE TO Cerebral Hemorrhage et.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(B) DUE TO Hypertensive CVD

(C)

INTERVAL BETWEEN ONSET AND DEATH: 6 days. indef

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senility.

19A DATE OF OPERATION. —

19B MAJOR FINDINGS OF OPERATION —

20 AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-20, 1954 to 5-26, 1954, that I last saw the deceased alive on 5-26, 1954, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

SIGNATURE Robert J. Keadle M D ADDRESS Hagerstown DATE SIGNED 5-28-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF May 30, 1954 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Md

DATE REC'D BY LOCAL REGISTRAR May 29, 1954 — REGISTRAR'S SIGNATURE Edgar H. Bowers

24 FUNERAL DIRECTOR Andrew K. Coffman — ADDRESS Hagerstown, Md.

RECEIVED
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4985 Dr Lusby

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1 PLACE OF DEATH
COUNTY: Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
STATE: MARYLAND
LENGTH OF STAY (in this place): 12 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. County Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE: Penna
COUNTY: Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waynesboro
STREET ADDRESS (If rural give location): ✓

3 NAME OF DECEASED (Type or Print): First: JOHN (Middle): W (Last): NICHOLS

4 DATE OF DEATH (Month) (Day) (Year): May 5 1954

5 SEX: Male

6 COLOR OR RACE: White

7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8 DATE OF BIRTH: May 2 1866

9 AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life. Never retired): Fireman

10B KIND OF BUSINESS OR INDUSTRY: Fort Ritchie

11 BIRTHPLACE (State or foreign country): Cascade Md.

12 CITIZEN OF WHAT COUNTRY? USA

13 FATHER'S NAME: William Nichols

14 MOTHER'S MAIDEN NAME: Susan Royer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service):

16 SOCIAL SECURITY NO: None

17 INFORMANT & ADDRESS: Mrs R T Howard Sharpsburg Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Arterio sclerotic Heart Disease with

ANTECEDENT CAUSE (B) DUE TO: myocardial failure

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 2yrs +

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Nil

19A DATE OF OPERATION: Nil

19B MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour): M

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Apr, 1954, to 5 May, 1954, that I last saw the deceased alive on 5 May, 1954, and that death occurred at 0955 AM, from the causes and on the date stated above.

SIGNATURE AND M D: I F Lusby — ADDRESS: 230 N Potomac St Hagerstown Md — DATE SIGNED: 6 May 54

23 BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 5/8/54

NAME OF CEMETERY OR CREMATORY: Sabillasville Ref Cemetery

LOCATION (City, town or county) (State): Sabillasville Md.

DATE RECD BY LOCAL REGISTRAR: May 6 1954

REGISTRAR'S SIGNATURE: Grace T. Howard

24 FUNERAL DIRECTOR: Andrew K. Coffman — ADDRESS: Hagerstown Md.

RECEIVED
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04967

4986 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

1 PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 1 hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 844 S. Potomac St.,

3 NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Albert (Last) Parks Sr.
4 DATE OF DEATH (Month) 5 (Day) 17 (Year) 19 54

5 SEX male
6 COLOR OR RACE white
7 SINGLE MARRIED WIDOWED, DIVORCED, (Specify) widowed
8 DATE OF BIRTH June 9, 1898
9 AGE last birthday 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A OCCUPATION (Give kind of work done during most of working life even if retired) silk twister
10B KIND OF BUSINESS OR INDUSTRY Federal Silk Mills
11 BIRTHPLACE (State or foreign country) Maryland
12 CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph A. Parks
14 MOTHER'S MAIDEN NAME: Elizabeth Semler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 174-05-0540
17 INFORMANT & ADDRESS J. A. Parks Jr. Hagerstown, Md.

18 MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
331X
IMMEDIATE CAUSE (A) Cerebral Hemorrhage
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO
(C)
INTERVAL BETWEEN ONSET AND DEATH 2 hrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)
21B PLACE OF INJURY (Home, farm, factory street, office bldg., etc
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/17/54 19 , to 5/17/54 19 , that I last saw the deceased alive on 5/17/54 19 , and that death occurred at 9:30 P.M., from the causes and on the date stated above.
SIGNATURE R. Young M D ADDRESS Williamsport Md DATE SIGNED 5/18/54

23 BURIAL CREMATION REMOVAL (SPECIFY) Burial
DATE THEREOF 5-20-54
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR May 20, 1954
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MAY 21 '04
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04968

Dr. Wm. Layman 4987

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1 PLACE OF DEATH
COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 1 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 839 Lanvale Street.

3 NAME OF DECEASED (Type or Print) (First) ELSIE (Middle) MAY (Last) PENTZ

4 DATE OF DEATH (Month) (Day) (Year) May 16 1954

5 SEX F | 6 COLOR OR RACE W | 7 SINGLE MARRIED WIDOWED DIVORCED (Specify) Married | 8 DATE OF BIRTH March 19, 1890 | 9 AGE last birthday 64 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10B. KIND OF BUSINESS OR INDUSTRY Own Home | 11 BIRTHPLACE (State or foreign country) Gaithersburg, Md. | 12 CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME No Record | 14. MOTHER'S MAIDEN NAME No Record

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS Arthur Pentz

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A) Cardiac tamponade and hemopericardium DUE TO	21 hrs.
ANTECEDENT CAUSE (B) Rupture of myocardial infarction and coronary atherosclerosis DUE TO	21 hrs.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) Hypertensive cardiovascular disease	14 years.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Healed tuberculosis with emphysema.	21 yrs.

19A DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☒ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1954, to May 16, 1954, that I last saw the deceased alive on May 16, 1954, and that death occurred at 6:50 P.M., D.S.T., from the causes and on the date stated above.

SIGNATURE Wm. Layman, M.D. M D ADDRESS Professional Bldg. Hagerstown, Md. DATE SIGNED May 17, 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-19-54	Rose Hill Cemetery	Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR May 18, 1954 | REGISTRAR'S SIGNATURE Charles H. Towers | 24 FUNERAL DIRECTOR ADDRESS Andrew K. Coffman-Hagerstown, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

RECEIVED
1954
BUREAU V. S.

4988

Dr Wells 04969

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 30 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 58 No Locust St.

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) LEE (Last) PETERSEN

4. DATE OF DEATH (Month) May (Day) 10 (Year) 1954

5. SEX: ~~Female~~ Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: Dec 7 1929

9. AGE last birthday: 24 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life. Never retired). Presser

10b. KIND OF BUSINESS OR INDUSTRY: Dyr Cleaning Co

11. BIRTHPLACE (State or foreign country) Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Axel L. Petersen

14. MOTHER'S MAIDEN NAME: Evelyn Talhelm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Korean War

16. SOCIAL SECURITY NO. 214-28-0834

17. INFORMANT & ADDRESS: Mrs Evelyn Petersen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

821/X

Immediate cause (a) DUE TO Fractured skull with intra cranial hemorrhage — Interval Between Onset and Death: 30 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Highway

21c. (City or town) Hagerstown R # 40X (County) Wash (State) Md.

21d. TIME OF INJURY (Month) May (Day) 8 (Year) '54 (Hour) 2:45PM

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR? Lost control of motorcylce - thrown off

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from. Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert Wells M.D. DEPUTY MEDICAL EXAM. WASH. CO. M.D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM ☐

DATE SIGNED May 10 '54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE OF THEREOF 5/12/54

NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

LOCATION (City, town, or county) Hagerstown Md. (State)

DATE REC'D BY LOCAL REG. May 11, 1954

REGISTRAR'S SIGNATURE Thad H. Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman

ADDRESS Hagerstown Md

MAY 14 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

5024 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04970

Reg. Dist. No. 307

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS A15A

1. PLACE OF DEATH
COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BROWNSVILLE Rural
LENGTH OF STAY (In this place): 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: KNOXVILLE MD. R.1

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND. COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BROWNSVILLE - RURAL
STREET ADDRESS (If rural, give location): KNOXVILLE MD. R.1.

3. NAME OF DECEASED (Type or Print): (First) HERMA (Middle) O. (Last) POTTER

4. DATE OF DEATH: (Month) MAY - (Day) 23 - (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED

8. DATE OF BIRTH: AUGUST - 19 - 1893

9. AGE Last birthday: 60 - 9 - 4 yrs. If under 1 year: Months / Days / If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): SAMPLES MANOR WASH. Co. MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAWSON BAKER

14. MOTHER'S MAIDEN NAME: EMILY TRIPPY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: ROY L. POTTER KNOXVILLE MD. R.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) acute cerebral hemorrhage — Interval between onset and death: 5hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ——— (c) ———

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: mentally Ill — 8 mos.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) Hour: None m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X, accident ___, suicide ___, homicide ___, undetermined ___*

SIGNATURE (Degree or title): J. Robert Mellor M.D. — ADDRESS: DEPUTY MEDICAL EXAM. WASH. CO. MD — DATE SIGNED: Hagerstown, Md. 5-24-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: MAY-25-1954 — NAME OF CEMETERY OR CREMATORY: SAMPLES MANOR CEMETERY — LOCATION (City, town, or county) (State): SAMPLES MANOR MD.

DATE REC'D BY LOCAL REG: 5/25/54 — REGISTRAR'S SIGNATURE: Dorothy M. Beatle Deputy — 24. FUNERAL DIRECTOR: WM. E. BAST AND SONS — ADDRESS: BOONSBORO MD.

RECEIVED
MAY 17 1954
BUREAU V. S.

Item 8 film G160
5/26/54 cm

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04971

4989

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown

LENGTH OF STAY (In this place) 1 Day

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock Maryland

STREET ADDRESS (If rural give location) Hancock MD.

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
	Lawrence	Cleveland	Prevost	5	22	19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	W	Widowed	Jan. 31.1 83	71 yrs.	4	23		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Electrican	Contractor	St Ynejirrs France	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Alfred Prevost	Not Known

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS.
Yes	U.S.N.1912	214-10-3710	James Prevost Hancock Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Acute pulmonary edema	15 hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Lobar pneumonia bilateral DUE TO	2 days
	(c) DUE TO	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary emphysema bilateral — 2 years history

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20 AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 21, 1954, to May 22, 1954, that I last saw the deceased alive on May 21, 1954, and that death occurred at 7:55 A.M. E.S.T. from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD — ADDRESS 5 Public Sq. Hagerstown, Md. — DATE SIGNED May 24, 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF May 25 1954 — NAME OF CEMETERY OR CREMATORY Riverview Cemetery — LOCATION (City, town, or county, (State)) Hancock Washington Maryland

DATE REC'D BY LOCAL REGISTRAR May 24, 1954 — REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Howard J Grove — ADDRESS Hancock Md

VS. A15

RECEIVED
MAY
BUREAU V. S.

Counter signed May 7-54 D.M.E. Wash. Co. Md. S. Robert Wells MD 5025

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04972

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MAUGANSVILLE
LENGTH OF STAY (in this place) 2 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Y

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MAUGANSVILLE
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) RUBEN (Middle) KAUFMAN (Last) REIFF
4. DATE OF DEATH (Month) MAY (Day) 6 (Year) 1954
5. SEX MAKE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 3/29/1902
9. AGE last birthday. 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) MACHINIST HELPER
10b. KIND OF BUSINESS OR INDUSTRY: RAIL ROAD
11. BIRTHPLACE (State or foreign country) PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: BENJAMIN E. REIFF
14. MOTHER'S MAIDEN NAME MAGGIE K AUFMAN
15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No 705-10-5707
17. INFORMANT & ADDRESS. MRS. LUCY REIFF MAUGANSVILLE MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Acute Coronary Occlusion

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: Sudden

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Adiposity — 10 yrs.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to May 6, 1954, that I last saw the deceased alive on April 25, 1954, and that death occurred at 4 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) David R Brewer M.D. ADDRESS Clear Spring Md. DATE SIGNED 5/7/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5/8/54 NAME OF CEMETERY OR CREMATORY Reiffs Mennonite Church LOCATION (City, town, or county) Washington Co. Md (State)

DATE REC'D BY LOCAL REGISTRAR May 7, 1954 REGISTRAR'S SIGNATURE Chas H Lowers

24. FUNERAL DIRECTOR W. T. Norment ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

RECEIVED
MAY 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04973

5026 CERTIFICATE OF DEATH Reg. Dist. No. 302

1. PLACE OF DEATH.
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Woodpoint
LENGTH OF STAY (in this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Woodpoint

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Woodpoint
STREET ADDRESS (If rural give location) NO Street Address

3. NAME OF DECEASED. (Type or Print) (First) Edward (Middle) H. (Last) Rhodes
4. DATE OF DEATH: (Month) May (Day) 23 (Year) 19 54
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: 10-7-1876
9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months 7 Days 16 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Grocer
10b. KIND OF BUSINESS OR INDUSTRY: Owned Store
11. BIRTHPLACE (State or foreign country): Middletown, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Marshall R. Rhodes
14. MOTHER'S MAIDEN NAME: Helen M. Bennett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Caroline E. Rhodes, Woodpoint, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 4200 (a) DUE TO Acute Heart Disease — Interval Between Onset And Death 5 yrs

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION. 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1-, 1954, to 5-23, 1954, that I last saw the deceased alive on 5-22, 1954, and that death occurred at 2 pm, from the causes and on the date stated above.
SIGNATURE H. E. W. Sutter (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 5/24/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5-26-1954 NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery LOCATION (City, town, or county) Hagerstown, Maryland (State)
DATE REC'D BY LOCAL REGISTRAR May 26 1954 REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK Supply every item of information carefully The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

RECEIVED
BUREAU V. S.

04974

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4990

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
MARYLAND LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Cearfoss, Md.
STREET ADDRESS (If rural give location) R. F. D. #4

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Edgar (Last) Ryneal

4. DATE OF DEATH: (Month) May (Day) 12 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: MARCH 9, 1870

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months 2 Days 3 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Machinist

10b. KIND OF BUSINESS OR INDUSTRY: P. O. R. R. Co.

11. BIRTHPLACE (State or foreign country): Martinsburg, W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Ryneal

14. MOTHER'S MAIDEN NAME: Martha Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-05-9405

17. INFORMANT & ADDRESS: Wallace T. Locke, Hagerstown R. F. D. #4

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Arteriosclerotic heart disease — Interval Between Onset And Death: 10-15 yrs

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. At indirect inguinal hernia — 70 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 7, 1954, to May 12, 1954, that I last saw the deceased alive on May 11, 1954, and that death occurred at 6 [illegible], from the causes and on the date stated above.

SIGNATURE Edward W. [illegible] III, MD (Degree or title) ADDRESS 212 W. Washington St. DATE SIGNED 5/13/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5-14-1954 NAME OF CEMETERY OR CREMATORY Green Hill Cemetery LOCATION (City, town, or county) Martinsburg, W. Va. (State)

DATE REC'D BY LOCAL REGISTRAR May 14, 1954 REGISTRAR'S SIGNATURE Chas. A. Bowers

24. FUNERAL DIRECTOR C. [illegible] Suter & Sons, Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 17
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05960

5027 **CERTIFICATE OF DEATH** Reg. Dist. No. 303

1 PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Wilsons Md. LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wilsons Md.

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wilsons Md.
STREET ADDRESS (If rural give location) Wilsons Md.

3 NAME OF DECEASED (Type or Print) (First) Ada (Middle) May (Last) Shank
4 DATE OF DEATH (Month) May. (Day) 30, (Year) 1954

5 SEX Female
6 COLOR OR RACE White
7 SINGLE MARRIED WIDOWED DIVORCED (Specify) Married
8 DATE OF BIRTH Mar. 15, 1885
9 AGE last birthday 69 yrs. IF UNDER 1 YEAR Months 2 Days 14 IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Broadway Va.
12 CITIZEN OF WHAT COUNTRY? U. S. A.

13 FATHER'S NAME Amos H. Martin
14 MOTHER'S MAIDEN NAME Margaret Martin

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16 SOCIAL SECURITY NO None
17. INFORMANT & ADDRESS Harry D. Shank

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
IMMEDIATE CAUSE (A) Arterio Sclerotic Cardio Vascular Disease
ANTECEDENT CAUSE (B) DUE TO with my + endit failure
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO
(C)
INTERVAL BETWEEN ONSET AND DEATH 6 yrs +

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION 0 Nm
19B MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE OF INJURY (Home, farm, factory, street, office bldg., etc
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1954, to 30 May, 1954, that I last saw the deceased alive on 30 May, 1954, and that death occurred at 3 38 M, from the causes and on the date stated above.
SIGNATURE F F Lusby ADDRESS M.D 230 N Potomac DATE SIGNED 31 May 54

23. BURIAL, CREMATION REMOVAL (SPECIFY) Burial
DATE THEREOF June, 2, 1954
NAME OF CEMETERY OR CREMATORY Clearspring Menenoite
LOCATION (City, town or county) Clearspring (State) Maryland

DATE REC'D BY LOCAL REGISTRAR June 1 — 54
REGISTRAR'S SIGNATURE Leroy M. Fockler (Deputy)
24 FUNERAL DIRECTOR Adrian H. Rowland ADDRESS Clearspring Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
JUN 8 1 4
BUREAU V. S

3

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04975

4991

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

1 PLACE OF DEATH:
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
MARYLAND LENGTH OF STAY (In this place) 18 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
STREET ADDRESS (If rural give location) Leitersburg

3. NAME OF DECEASED: (Type or Print) (First) Isaac (Middle) Keller (Last) Shank
4. DATE OF DEATH (Month) May (Day) 21 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 25, 1874
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Teacher
10b. KIND OF BUSINESS OR INDUSTRY: School
11 BIRTHPLACE (State or foreign country): Near Smithsburg Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Isaac Shank
14. MOTHER'S MAIDEN NAME: Elizabeth Unger
15 WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: -----
17. INFORMANT & ADDRESS: Karl Shank Leitersburg Md.

18. MEDICAL CERTIFICATION

1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Pneumonia, Broncho Bilateral — Interval Between Onset And Death: 24 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Congestive Heart Failure — 1 year

(c) Arteriosclerosis

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg, etc) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19 [illegible], to May, 19 54, that I last saw the deceased alive on 20 May 1954, and that death occurred at 2:40 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED 5/22/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5-24-54 NAME OF CEMETERY OR CREMATORY Luthern Cemetery LOCATION (City, town, or county) Leitersburg (State) Md.
DATE REC'D BY LOCAL REGISTRAR May 23, 1954 REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

VS. A15

RECEIVED
MAY 25 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04976

5028 **CERTIFICATE OF DEATH**

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-56

1 PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport Md RF, #2
LENGTH OF STAY (In this place) (10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pinesburg Md

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md RFD #2
STREET ADDRESS (If rural give location) Pinesburg Md.

3 NAME OF DECEASED (Type or Print) (First) Harriett (Middle) Evelyn (Last) Shaw

4 DATE OF DEATH (Month) May (Day) 8 (Year) 1954

5 SEX Female | 6 COLOR OR RACE White | 7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8 DATE OF BIRTH Dec. 25 1871 | 9 AGE (Last birthday) 82 yrs | IF UNDER 1 YEAR Months 4 Days 13 | IF UNDER 24 HRS Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) Housewife | 10B KIND OF BUSINESS OR INDUSTRY Home | 11 BIRTHPLACE (State or foreign country) Thurmont Md. | 12 CITIZEN OF WHAT COUNTRY? USA

13 FATHER'S NAME Emmanuel Unger | 14 MOTHER'S MAIDEN NAME Sarah (Unknown)

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No | 16 SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS Mrs. Roy Colbert Pinesburg #2 Williamsport Md RFD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Diabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Myocarditis — 10 yrs.

19A DATE OF OPERATION | 19B MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1944 to May 8, 1954, that I last saw the deceased alive on May 8, 1954, and that death occurred at 4 P. M., from the causes and on the date stated above.

SIGNATURE David R. Brewer M D ADDRESS Clear Spring Md DATE SIGNED 5/12/54

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF May 13-54 | NAME OF CEMETERY OR CREMATORY Blue Ridge Cemetery | LOCATION (City, town, or county) (State) Thurmont Maryland

DATE REC'D BY LOCAL REGISTRAR May 13-1954 | REGISTRAR'S SIGNATURE Edna McElroy | 24 FUNERAL DIRECTOR Albert L Leaf | ADDRESS Williamsport Md.

RECEIVED
MAY 18 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04977

5029 **CERTIFICATE OF DEATH** Dr Ditto

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown R.F.D.
LENGTH OF STAY (in this place) 2 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cearfoss

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown R.F.D.
STREET ADDRESS (If rural give location) Cearfoss

3. NAME OF DECEASED (Type or Print) (First) BARBARA (Middle) MARTIN (Last) SHOWALTER

4. DATE OF DEATH (Month) (Day) (Year) May 21 1954

5. SEX Feamle
6. COLOR OR RACE White
7. SINGLE MARRIED WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Dec 20 1869
9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country): Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Nicholas Martin
14. MOTHER'S MAIDEN NAME Barbara Neibert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS Miss Nancy Martin

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

831X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 9 days

ANTECEDENT CAUSE (B) DUE TO Generalized arteriosclerosis — 10 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-13, 1954, to 5-21, 1954, that I last saw the deceased alive on 5-21-54, 19 , and that death occurred at M, from the causes and on the date stated above.

SIGNATURE H. S. W. Ditto
ADDRESS M. Hagerstown Md
DATE SIGNED 5/22/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6/1/54
NAME OF CEMETERY OR CREMATORY Broadfording Cemetery
LOCATION (City, town, or county) (State) Broadfording Md

DATE REC'D BY LOCAL REGISTRAR May 22, 1954
REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman
ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15—10-53

EIVED
MAY 25 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04978

4992

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 55 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 805 Salem Ave.

3. NAME OF DECEASED: (Type or Print) First Annie (Middle) Frances (Last) Sinn

4. DATE OF DEATH: (Month) May (Day) 10 (Year) 19 54

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Oct. 18, 1887
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Cosytown Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John S. Myers
14. MOTHER'S MAIDEN NAME: Alice V. Hicks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: ----
17. INFORMANT & ADDRESS: William R. Sinn Hag. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) General Carcinomatosis with cachexia
DUE TO 12/19/54

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diffuse Ca. left Breast 8/19/52
DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9/11/52
19b. MAJOR FINDINGS OF OPERATION Ca. left breast axillary and infaclavicular metastasis
Radical Left mastectomy
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED White at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/19/52, 19 , to 5/10/54, 19 , that I last saw the deceased alive on 5/10/54, 19 , and that death occurred at 11:10 PM, from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) Surgeon ADDRESS 170 W. Wash. St. HAGERSTOWN, MARYLAND DATE SIGNED 5/14/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 13, 1954
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR May 16, 1954
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son
ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 13 1...
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04979

4993 CERTIFICATE OF DEATH Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH. COUNTY Washington MARYLAND
CITY (If outside corporate limits write RURAL OR TOWN and give nearest town) Hagerstown
LENGTH OF STAY (In this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 331 W. Washington

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Bernard (Last) Smith
4. DATE OF DEATH. (Month) May (Day) 3 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH: Aug. 27, 1874
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, (Do not use retired)
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country) Clearspring Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William E. Smith
14. MOTHER'S MAIDEN NAME. Emily McLaughlin
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No: ----
17. INFORMANT & ADDRESS: Carroll B. Smith Gettysburg Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Arteriosclerotic Heart Disease
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO
(c)
Interval Between Onset And Death 7 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-12, 1953, to 5-3-, 1954, that I last saw the deceased alive on 5-3-, 1954, and that death occurred at 12:30 noon, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
148 W. Washington 5-5-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-6-54
NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery
LOCATION (City, town or county) (State) Near Clearspring Md.
DATE REC'D BY LOCAL REGISTRAR May 6 1954
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son Hag. Md.

VS. A15

RECEIVED
MAY 10 1934
BUREAU V. S.

04980

MARYLAND 4994

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 3 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Home.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg - Rural.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Nettie (Middle) May (Last) Smith

4. DATE OF DEATH: (Month) May (Day) 29. (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jany. 7. 1871

9. AGE last birthday: 83-4-21 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home.

11. BIRTHPLACE (State or foreign country): Mt. Lena Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: No Record.

14. MOTHER'S MAIDEN NAME: Catherine Byrens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If year, give war or dates of service)

16. SOCIAL SECURITY No.: None.

17. INFORMANT AND ADDRESS: Mr. Harry E. Smith. Brunswick Md. R.2.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL THROMBOSIS — Interval Between Onset and Death: 1 week

Antecedent cause (b) Arteriosclerotic heart disease — unknown

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — unknown

19a. DATE OF OPERATION: None.

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 22, 1954, to May 29, 1954, that I last saw the deceased alive on May 28 1954, and that death occurred at 3:25p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert Cohen M.D. ADDRESS Clear Spring Md. DATE SIGNED May 31. 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial. DATE: June 1. 1954 NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery LOCATION (City, town, or county, (State)): Beaver Creek Wash. Co. Md.

DATE REC'D BY LOCAL REGISTRAR: May 31, 1954 REGISTRAR'S SIGNATURE: Grant Bowers

24. FUNERAL DIRECTOR: Wm. J. Best & Son ADDRESS: Boonsboro Md.

RECEIVED
JUN 2 1 '4
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04981

4995

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 10 hrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital	STREET ADDRESS (If rural, give location) 531 N. Mulbery Street

3. NAME OF DECEASED (Type or Print)	(First) Vernie	(Middle) M.	(Last) Spigler	4. DATE OF DEATH	(Month) May (Day) 15 (Year) 1954
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Feb. 13, 1879	9. AGE last birthday 75 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY USA		
13. FATHER'S NAME Jospeh Kneisley	14. MOTHER'S MAIDEN NAME Adaline Cover				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mrs. R. O. Condon - Hagerstown, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Rupture Mesentery - Hemorrhage & Shock	1 hrs.
Antecedent cause (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	Fracture rt Femur (closed)	1 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home	(CITY OR TOWN) Hagerstown	(COUNTY) Washington	(STATE) Md
TIME OF INJURY Month (Day) Year Hour 5-15-54 3A m. DST	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR? Jumped off porch roof		

22. I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence of the said Autopsy, Inspection or Inquiry, the above and deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐

SIGNATURE S. Robert Mells MD, (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. MD. ADDRESS 115 N. Potomac St., Hagerstown, Md. DATE SIGNED 5-17-54

23. OPERATION (Specify) Burial	DATE THEREOF 5-18-54	NAME OF CEMETERY OR CREMATORY Rest Haven	LOCATION (City, town, or county) Hagerstown	(State) Md
DATE RECD BY LOCAL May 18 1954	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR Fred W. Kraiss	ADDRESS Hagerstown, Md.	

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] important. Physicians, please write the causes of death clearly and legibly.

MAY
BUREAU V. S.

04982

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4996

CERTIFICATE OF DEATH

Dr Ralph Young
Reg. Dist. No. 302

1 PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 2 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1090 Jefferson St.

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 1090 Jefferson St.

3 NAME OF DECEASED (Type or Print) (First) WALTER (Middle) AMOS (Last) STAATS

4 DATE OF DEATH (Month) (Day) (Year) May 20 1954 19

5 SEX Male
6 COLOR OR RACE White
7 SINGLE MARRIED WIDOWED, DIVORCED (Specify) Widower
8 DATE OF BIRTH June 14 1880
9 AGE last birthday 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill Foreman
10B KIND OF BUSINESS OR INDUSTRY No Amer Cement Co. Retired
11 BIRTHPLACE (State or foreign country): Bloomsbury N.J?
12 CITIZEN OF WHAT COUNTRY? USA

13 FATHER'S NAME Amos Staats
14 MOTHER'S MAIDEN NAME Anna Thorpe

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16 SOCIAL SECURITY NO.
17 INFORMANT & ADDRESS Mrs Alfreda Brownell 5 Albertson St Hyde Park N.Y.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X

IMMEDIATE CAUSE (A) Carcinoma of Urinary Bladder c̄ Notes Tasis

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH 6 mo

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)
21B PLACE OF INJURY (Home, farm, factory street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/20/53, 19 , to 5/20/54, 19 , that I last saw the deceased alive on 5/20/54 19 , and that death occurred at 10:30 P.M. from the causes and on the date stated above.

SIGNATURE R. F. Young M D ADDRESS Williamsport Md DATE SIGNED 5/21/54

23 BURIAL CREMATION REMOVAL (SPECIFY) Burial
DATE THEREOF 5/22/54
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR May 22, 1954
REGISTRAR'S SIGNATURE Chas H Bowers
24 FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
MAY 25 1954
BUREAU V. S.

Dr Lusby 04983

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4997

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1 PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 3
LENGTH OF STAY (in this place) 3 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Convalescent Home 60

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE W.Va. COUNTY Berkley
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Martinsburg 9
STREET ADDRESS (If rural give location) 750 West King

3. NAME OF DECEASED (Type or Print) (First) Luther (Middle) Roman (Last) Steck
4. DATE OF DEATH (Month) May (Day) 18 (Year) 1954

5 SEX Male
6 COLOR OR RACE: White
7 SINGLE MARRIED WIDOWED, DIVORCED, (Specify) Married
8 DATE OF BIRTH Aug.15,1861
9 AGE last birthday 92 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carrige Builder
10B KIND OF BUSINESS OR INDUSTRY Own Business
11 BIRTHPLACE (State or foreign country): Fairveiw, Md
12 CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME: Martin Luther Steck
14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) No
16 SOCIAL SECURITY NO None
17 INFORMANT & ADDRESS: Philip C. Steck Son.

18. MEDICAL CERTIFICATION

1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arterio sclerotic Cardio Vascular Disease
ANTECEDENT CAUSE (B) DUE TO with myocardial failure
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH 10 yrs +

11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION NM
19B MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to 18 May, 1954, that I last saw the deceased alive on 17 May, 1954, and that death occurred at 3 15 A M, from the causes and on the date stated above.

SIGNATURE F F Lusby M D
ADDRESS 23 W Martin
DATE SIGNED 18 May 54

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF May 21, 1954
NAME OF CEMETERY OR CREMATORY Spring Mills Pres. Cem.
LOCATION (City, town, or county) (State) Near Martinsburg, W. Va

DATE REC'D BY LOCAL REGISTRAR May 18, 1954
REGISTRAR'S SIGNATURE Chas H Bowers
24 FUNERAL DIRECTOR Andrew K. Coffman
ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15—10-53

RECEIVED
MAY 20
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

5030 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04984

Reg. Dist. No. 301

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully and especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

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VS A15A

1. PLACE OF DEATH — COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsport
LENGTH OF STAY (in this place): 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 16 S. Artizan Street

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsport Md
STREET ADDRESS (If rural, give location): 16 S. Artizan Street

3. NAME OF DECEASED (Type or Print): (First) Jonn (Middle) Roy (Last) Stevens

4. DATE OF DEATH: (Month) May (Day) 7 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 9 1895

9. AGE (Last Birthday): 58 yrs. — If under 1 year: Months 8 Days 30 — If under 24 hrs.: Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Junk Dealer

10b. KIND OF BUSINESS OR INDUSTRY: Junk

11. BIRTHPLACE (State or foreign country): Mercersburg Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joshua Stevens

14. MOTHER'S MAIDEN NAME: Mary Catherine Trumpower

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.: # 220-10-3882

17. INFORMANT AND ADDRESS: Virgie Mae Stevens Williamsport Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

9817 Immediate cause (a) Gun Shot Wound into Chest - Hemorrhage & Shock — 10 min
(Shot Gun)

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home | (CITY OR TOWN): Williamsport | (COUNTY): Wash. | (STATE): Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY: May 7 54 m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? Shot at home by assailant

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry find the said deceased died on the day stated above, and death in my opinion resulted from natural causes, accident, suicide, homicide ☑, undetermined*

SIGNATURE: Dr. Robert Mully M.D. | Degree or title: DEPUTY MEDICAL EXAM. WASH. CO. MD. | ADDRESS: 115 N. Potomac St., Hagerstown, Md. | DATE SIGNED: 5/8/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: May 10-54 | NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery | LOCATION (City, town, or county) (State): Williamsport Md

DATE REC'D BY LOCAL REG: May 9-1954 | REGISTRAR'S SIGNATURE: E Lee McElroy

24. FUNERAL DIRECTOR: Albert L Beaf | ADDRESS: Williamsport Md.

MAY 14
BUREAU V. S.

Dr. Bell

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

04985

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Hagerstown
LENGTH OF STAY in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 46 North Ave.

3. NAME OF DECEASED (Type or Print) (First) Walter (Middle) Keller (Last) Summer

4. DATE OF DEATH (Month) May (Day) 19 (Year) 54

5. SEX Male | 6. COLOR OR RACE. White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: Apr. 21, 1873 | 9. AGE last birthday 81 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 Hrs Hours Min

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman | 10B. KIND OF BUSINESS OR INDUSTRY Emmert Hardware | 11. BIRTHPLACE (State or foreign country) Huyetts | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Walter Solomon Summers | 14. MOTHER'S MAIDEN NAME Louise Roman Keller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —— | 16. SOCIAL SECURITY NO. 214-09-9321. | 17. INFORMANT & ADDRESS Mrs. Anna Summers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO Carcinoma of cecum — INTERVAL BETWEEN ONSET AND DEATH 2 ?

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION None | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc. | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 27, 1954 to May 19, 1954 that I last saw the deceased alive on May 18, 1954 and that death occurred at 9:30 A.M. from the causes and on the date stated above.

SIGNATURE R. O. Bell M D | ADDRESS Hagerstown, Md. | DATE SIGNED May 22, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 5-22-1954 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemtery | LOCATION (City, town or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR May 22, 1954 | REGISTRAR'S SIGNATURE Grant Flowers | 24. FUNERAL DIRECTOR Andrew K. Coffman, Hagerstown, Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 25 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04986

4999 CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH

COUNTY Washington
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Hagerstown
MARYLAND LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 915 Hamilton Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 915 Hamilton Blvd.

3 NAME OF DECEASED: (Type or Print) (First) Pearl (Middle) Etta (Last) Thompson

4. DATE OF DEATH: (Month) May (Day) 19 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 7-15-1889

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months 10 Days 4 IF UNDER 24 HRS.: Hours Min.

10a USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY: own own home

11. BIRTHPLACE (State or foreign country) Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Thomas Wolfe

14. MOTHER'S MAIDEN NAME: Catherine Keyser

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: Mrs. Frances Zentmyer, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Lymphosarcoma.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) DUE TO

(c)

Interval Between Onset And Death: 6 months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 25, 1953, to MAY 19, 1954, that I last saw the deceased alive on MAY 19 1954, and that death occurred at 8:10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Hagerstown, Maryland DATE SIGNED May 20, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5-21-1954 NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery LOCATION (City, town, or county) Hagerstown, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR May 21 1954 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

VS. A15

5000

04987

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (In this place) 50 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 145 RAY ST.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural, give location) 145 RAY ST.

3. NAME OF DECEASED (Type or Print) (First) GRACE (Middle) VIOLA (Last) TURNER
4. DATE OF DEATH (Month) MAY (Day) 2 (Year) 1954

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 1/3/1892
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME CALVIN BYRUM
14. MOTHER'S MAIDEN NAME MARY LOUISE BURGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. NONE
17. INFORMANT AND ADDRESS MR. EARL TURNER HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE S Robert Mills MD (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. MD. ADDRESS 115 N. Potomac St., Hagerstown, Md. DATE SIGNED 5/4/54

23. MARIAL CREMATION: Burial DATE THEREOF 5/5/54 NAME OF CEMETERY OR CREMATORY Rest Haven Cem. LOCATION (City, town or county) Hagerstown, Md. (State)

DATE RECD BY LOCAL May 4, 1954 REGISTRAR'S SIGNATURE Ernest H Bowers
24. FUNERAL DIRECTOR W. T. Normint ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

MAY 6 1954
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

04988

5031

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH — COUNTY: WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BOONSBORO
LENGTH OF STAY (in this place): 50 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SOUTH MAIN ST.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BOONSBORO
STREET ADDRESS (If rural, give location): SOUTH MAIN ST.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): HELEN ELIZABETH WADE
4. DATE OF DEATH (Month) (Day) (Year): MAY - 26 - 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: JUNE 30 - 1874
9. AGE last birthday: 79 - 10 - 26 yrs. (Months / Days / If under 24 hrs Hours Min)

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): PIEDEMONT W. VA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN HECK
14. MOTHER'S MAIDEN NAME: ANTELLES NYMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: DR. J. HUBERT WADE BOONSBORO MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary Occlusion	1 HOUR
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio sclerosis	1 year
	(c)	

19. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): None
TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from March 24 1954, to May 26, 1954, that I last saw the deceased alive on May 26, 1954, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE: J R Dwyer MD (Degree or title) 245 N. Potomac St Hagerstown Md — ADDRESS — DATE SIGNED: 5/20/54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: MAY-29-1954
NAME OF CEMETERY OR CREMATORY: BOONSBORO MAUSOLEUM
LOCATION (City, town, or county) (State): BOONSBORO WASH. CO. MD.

DATE REC'D BY LOCAL REG.: MAY-28-1954
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: Wm. F. BAST AND SONS — ADDRESS: BOONSBORO MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct is especially important. Physicians' please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 1 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04989

5032

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Chewsville
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural-Chewsville, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chewsville
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Edward (Last) Wallick

4. DATE OF DEATH (Month) May (Day) 25 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify): Married
8. DATE OF BIRTH April 30, 1903
9. AGE last birthday 51 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10B. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country): Washington Co. Md.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Harry W. Wallick
14. MOTHER'S MAIDEN NAME Elizabeth Zimmerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 721-18-0591
17. INFORMANT & ADDRESS Mrs. J. E. Wallick Chewsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(A) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 5 yrs
DUE TO
(B) Elephantiasis — 10 yrs
DUE TO
(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1-, 1953, to 5-21, 1954, that I last saw the deceased alive on 6-15-, 1954, and that death occurred at 2 P M, from the causes and on the date stated above.

SIGNATURE Wm. E. W. Dietz
ADDRESS M D Hagerstown Md
DATE SIGNED 6/27/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 5/28/54
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR May 27, 1954
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
BUREAU V. S.

5001 **MARYLAND STATE DEPARTMENT OF HEALTH** 05974

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Yarrowsburg
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): JOHN EDWARD WATCHORN

4. DATE OF DEATH (Month) (Day) (Year): 5 27 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married
8. DATE OF BIRTH: 12-9-1873
9. AGE: Last birthday 80 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): Carpenter (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: B+O R.R.Co
11. BIRTHPLACE (State or foreign country): London England
12. CITIZEN OF WHAT COUNTRY: England
13. FATHER'S NAME: John Kirk Watchorn
14. MOTHER'S MAIDEN NAME: Caroline Peake
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Alice Watchorn R.F.D. 1 Knoxville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive - arteriosclerotic cardiovascular disease

(c) Gangrene r. foot due to arterial occlusion

INTERVAL BETWEEN ONSET AND DEATH: about 1 yr. uncertain at least 3 yrs - 8 month

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/24, 1954, to 5/27, 1954, that I last saw the deceased alive on 5/26, 1954, and that death occurred at 12.05 a.m., from the causes and on the date stated above.

SIGNATURE: John H. Hornbaker M.D. (Degree or title) ADDRESS: 154 W. Washington St. Hagerstown Md. DATE SIGNED: 5/27/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 5-29-54
NAME OF CEMETERY OR CREMATORY: St. Luke's
LOCATION (City, town, or county) (State): Brownsville Md.

DATE REC'D BY LOCAL REG.: June 2 1954
REGISTRAR'S SIGNATURE: Chas H Bowers
24. FUNERAL DIRECTOR: C. H. Feste & Bro. ADDRESS: Brunswick Md.

Rec'd from Kathryn H. Brown Brunswick, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 7 : 1
BUREAU V. S.

John E Watchorn

John F Watchorn Yarrowsburg died yesterday at 12 0. a m at the Washington County Hospital aged 80.

He was the son of the late John Kirk and Caroline Peake) Watchorn England He was a retired Baltimore and Ohio Railroad carpenter and a member of St Luke's Episcopal Church, Brownsville

Surviving are wife, Alice (Perry) Watchorn daughter Mrs Carlton Grams, Yarrowsburg, one grandson; brothers and sister, Mrs A M Harrison, Canada; Herbert Watchorn Canada, and William Watchorn England

The body was taken to the Feete Funeral Home Brunswick where friends may call The funeral will be held Saturday morning leaving the funeral home at 10 a m , standard time The service will be held at St Luke s Episcopal Church, Brownsville, Rev. Paul Schultz officiating, with interment in the adjoining cemetery

The family has requested the omission of flowers

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04990

5002

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS A15—10-53

1 PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 4 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halfway Md.
STREET ADDRESS (If rural give location) Eckstine Lane

3 NAME OF DECEASED (Type or Print) (First) Mildred (Middle) Geraldine (Last) Witmer

4. DATE OF DEATH (Month) May (Day) 1 (Year) 1954

5 SEX Female | 6 COLOR OR RACE White | 7 SINGLE MARRIED WIDOWED DIVORCED (Specify) Married | 8 DATE OF BIRTH Oct. 6 1922 | 9 AGE last birthday IF UNDER 1 YEAR Months 6 Days 24 | IF UNDER 24 HRS Hours | Min

10A USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife | 10B KIND OF BUSINESS OR INDUSTRY Home | 11 BIRTHPLACE (State or foreign country) Hagerstown Md. | 12 CITIZEN OF WHAT COUNTRY? USA

13 FATHER'S NAME Wessely Cleveland Boward | 14. MOTHER'S MAIDEN NAME Martha Bowers

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, No, or unk) No | (If Yes, give war or dates of service) No | 16 SOCIAL SECURITY NO. None | 17 INFORMANT & ADDRESS Mr. Alvey J Witmer Eckstine Lane Halfway Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

19CX

IMMEDIATE CAUSE (A) DUE TO Malignant Melanoma Metastasis

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

INTERVAL BETWEEN ONSET AND DEATH 2 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A DATE OF OPERATION | 19B MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M | 21E INJURY OCCURRED While at work ☐ Not while at work ☑ | 21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1/54 19 , to 5/1/54 , that I last saw the deceased alive on 5/1/54 , 19 .. , and that death occurred at 2:30 M, from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS Williamsport Md. DATE SIGNED 5/1/54

23 BURIAL, CREMATION, DATE THEREOF Burial May 3 1954 | NAME OF CEMETERY OR CREMATORY Mt. Lena U. B. Cemetery | LOCATION (City, town, or county) Mt. Lena Maryland (State)

DATE REC'D BY LOCAL REGISTRAR May 2 1954 | REGISTRAR'S SIGNATURE [signature] | 24 FUNERAL DIRECTOR Albert L Leaf | ADDRESS Williamsport Md.

RECEIVED
MAY 4
BUREAU V.

04991

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr Wells

5003 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1 PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 10 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 112 East Baltimore St.

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 112 East Baltimore St

3 NAME OF DECEASED (Type or Print) (First) WALTER (Middle) MARCELLUS (Last) WOLFE

4 DATE OF DEATH (Month) (Day) (Year) May 11 1954

5 SEX Male
6 COLOR OR RACE White
7 SINGLE MARRIED WIDOWED, DIVORCED, (Specify) Widower
8 DATE OF BIRTH Aug 14 1865
9 AGE last birthday 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bleach & Dyer Knitting Factory
10B KIND OF BUSINESS OR INDUSTRY
11 BIRTHPLACE (State or foreign country) Wolfesville Md.
12 CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jonathan N. Wolfe
14 MOTHER'S MAIDEN NAME Amanda Blickenstaff

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16 SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS Ross L. Wolfe

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) arterio sclerotic myocardial heart disease — INTERVAL BETWEEN ONSET AND DEATH 2yrs

ANTECEDENT CAUSE (B) DUE TO acute ventricular fibrillation — 10 min

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A DATE OF OPERATION None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)
21B PLACE OF INJURY (Home, farm, factory street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) None M
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to May 11, 1954, that I last saw the deceased alive on May 8, 1954, and that death occurred at 3:45 P.M. from the causes and on the date stated above.

SIGNATURE S. Rohr Wells M.D.
ADDRESS M.D. 115 N. Potomac St., Hagerstown, Md.
DATE SIGNED 5/12/5

23 BURIAL CREMATION REMOVAL (SPECIFY) Burial
DATE THEREOF 5/13/54
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR May 12, 1954
REGISTRAR'S SIGNATURE Chas H Bowers
24 FUNERAL DIRECTOR Andrew K. Coffman
ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
MAY 14 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04992

5004 CERTIFICATE OF DEATH

Reg. Dist No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1 PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (In this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2 USUAL RESIDENCE (HOME) OF DECEASED WASHINGTON
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural, give location) 42 WEST SIDE AVE.

3. NAME OF DECEASED: (Type or Print) First JOY (Middle) LOUELLA (Last) WOLFINGER
4. DATE OF DEATH: (Month) MAY (Day) 31 (Year) 1954
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): INFANT
8. DATE OF BIRTH: 5/29/54
9. AGE last birthday. IF UNDER 1 YEAR yrs. Months Days 2 IF UNDER 24 HRS. Hours Min
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): INFANT
10b KIND OF BUSINESS OR INDUSTRY:
11 BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME DAVID ANGLE WOLFINGER JR.
14. MOTHER'S MAIDEN NAME: JETTA LORRAINE ADAMS
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16 SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: MR. D. ANGLE WOLFINGER JR. HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Anencephalus — Interval Between Onset And Death: Congenital

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO:

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/29/54 to 5/31/54, 19, that I last saw the deceased alive on 5/31/54, 19, and that death occurred at 4:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Hagerstown Md. ADDRESS Hagerstown DATE SIGNED 6/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 6/1/54 NAME OF CEMETERY OR CREMATORY Rose Hill Cem. LOCATION (City, town or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR June 2, 1954 REGISTRAR'S SIGNATURE Edith H. Bowers

24. FUNERAL DIRECTOR W. J. Norment ADDRESS Hagerstown Md.

RECEIVED
JUN 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04993

5005 CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 202 E. Baltimore St.

3. NAME OF DECEASED (Type or Print) (First) Dessie (Middle) Elizabeth (Last) Yeakle

4 DATE OF DEATH (Month) May (Day) 8 (Year) 1954

5 SEX Female | 6 COLOR OR RACE White | 7 SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed | 8 DATE OF BIRTH. Aug 1, 1881 | 9 AGE Last birthday 72 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10B KIND OF BUSINESS OR INDUSTRY: | 11 BIRTHPLACE (State or foreign country) Maryland | 12 CITIZEN OF WHAT COUNTRY? US

13 FATHER'S NAME: Charles Clayton Routzahn | 14 MOTHER'S MAIDEN NAME: Elizabeth Kefauver

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk) No | (If Yes, give war or dates of service) | 16 SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS Miss Josephine B Yeakle 202 E Baltimore St. Hagerstown, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X IMMEDIATE CAUSE (A) Hypertensive arterio sclerotic myocardial — INTERVAL BETWEEN ONSET AND DEATH: 10yrs

ANTECEDENT CAUSE (S) DUE TO heart disease — 1yr

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO ~~Mesenteric thrombosis~~ — 48hrs

(C) Thrombosis popliteal artery (left)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION ---- none | 19B MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1942, to May 7, 1954, that I last saw the deceased alive on May 7, 1954, and that death occurred at 8:15 AM from the causes and on the date stated above.

SIGNATURE S. Robert Wells M.D. | ADDRESS M D 115 N. Potomac St., Hagerstown Md. | DATE SIGNED 5/8/54

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF May 11, 1954 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR May 10, 1954 | REGISTRAR'S SIGNATURE Chas H Bowers | 24 FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc. | ADDRESS

19 1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04994

5033 CERTIFICATE OF DEATH

Reg. Dist. No. 301

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15—10-

1. PLACE OF DEATH: COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport; MARYLAND LENGTH OF STAY (in this place) 60 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Md RFD #2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md RFd #2; STREET ADDRESS (If rural give location) Williamsport Md RFd #2

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) May (Last) Young

4. DATE OF DEATH (Month) (Day) (Year): May 25 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 28 1877

9. AGE last birthday (IF UNDER 1 YEAR Months / IF UNDER 24 HRS. Days / Hours / Min.): 76 yrs. 11 26

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Downsville Dist Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Little

14. MOTHER'S MAIDEN NAME: Mary Cronin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO: None

17. INFORMANT & ADDRESS: Mr David W Young Williamsport Md RFD #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE: 42.1

(A) DUE TO: Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 Day

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(B) DUE TO:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M

21E. INJURY OCCURRED While at work ☐ Not while at work ☑

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/24/54 19 , to 5/25/54 19 , that I last saw the deceased alive on 5/25/54 19 , and that death occurred at 1:45 M, from the causes and on the date stated above.

SIGNATURE M D ADDRESS DATE SIGNED 5/26/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: May 28 1954 — NAME OF CEMETERY OR CREMATORY: Riverview Cemetery — LOCATION (City, town, or county) (State): Williamsport Maryland

DATE REC'D BY LOCAL REGISTRAR: May 27 1954 — REGISTRAR'S SIGNATURE: Edw McElroy

24. FUNERAL DIRECTOR: Edith V Leaf — ADDRESS: Williamsport Md.

RECEIVED
MAY 23
BUREAU V. S.

04995

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5006 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1 PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) Cavetown Pike

3 NAME OF DECEASED (Type or Print) (First) Estelle (Middle) (Last) Young

4 DATE OF DEATH (Month) 5 (Day) 7 (Year) 1954

5 SEX male

6 COLOR OR RACE white

7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single

8 DATE OF BIRTH Jan. 28, 1880

9 AGE Last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Music teacher

10B KIND OF BUSINESS OR INDUSTRY self employed

11 BIRTHPLACE (State or foreign country) Baltimore, Md.

12 CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME: W. Thomas Young

14 MOTHER'S MAIDEN NAME: Florence R. Deems

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) no (If Yes, give war or dates of service)

16 SOCIAL SECURITY NO none

17 INFORMANT & ADDRESS Mrs. R.D. Sprecher Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) Hypertension & arteriosclerosis — 2 yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: None

19A DATE OF OPERATION None

19B MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☑

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1954, to May 7, 1954 that I last saw the deceased alive on May 6, 1954, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

SIGNATURE R.A. Bell M.D. ADDRESS Hagerstown, Md. DATE SIGNED May 7, 1954

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 5-10-54

NAME OF CEMETERY OR CREMATORY Greenmount

LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REGISTRAR May 8, 1954

REGISTRAR'S SIGNATURE Ethel H. Bowers

24 FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.

RECEIVED
MAY 11
BUR

204

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5007 CERTIFICATE OF DEATH

049802

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Washington — STATE MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Hagerstown — LENGTH OF STAY (in this place) 3 weeks

HOSPITAL OR INSTITUTION OR STREET ADDRESS Hospital Washington County

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hancock

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Susan	Vanola	Youngblood	May	3	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	July 15, 1895	58 yrs.	9 / 18	

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housekeeper		Morgan Co	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Youngblood	Annie Miller

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Lloyd Youngblood Berkeley Springs W. Va.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
420.1 Immediate cause	(a) Pulmonary infarction, multiple	1 month
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Mural Cardiac Thrombus, multiple	1 month
	DUE TO (c) Hypertensive Heart Disease	unknown

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept. 11, 1953, to May 3, 1954, that I last saw the deceased alive on May 3, 1954, and that death occurred at 10:15 am, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Curtis Robert Cohen M. D.	Clear Spring, Maryland	May 4, 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 6, 1954	Greenwood Cemetery	Berkeley Springs W. Va.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 4-54	Charles Flowers Deputy Registrar	C. D. Spring	Berkeley Springs W. Va.

RECEIVED
MAY 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04997

5008 CERTIFICATE OF DEATH

Dr Willson

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
LENGTH OF STAY (in this place) 18 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 239 No. Mulberry St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 239 No Mulberrry St

3. NAME OF DECEASED: (Type or Print) (First) ROY (Middle) ELLSWORTH (Last) ZITTLE Sr.

4. DATE OF DEATH: (Month) May (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Jany 6 1897

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Roofer

10B. KIND OF BUSINESS OR INDUSTRY: L.H. Minor Co.

11. BIRTHPLACE (State or foreign country): Downsville Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lloyd Zittle

14. MOTHER'S MAIDEN NAME: Mary Shoemaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Bertha M. Zittle

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421.1

IMMEDIATE CAUSE (A) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 4 minutes

DUE TO

ANTECEDENT CAUSE (B) Chronic Aortic Valvular Disease & Chronic — 4 years.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO Heart Failure

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Apr., 1954, to 14 May, 1954, that I last saw the deceased alive on 12 May 1954, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE J Willson M. D. ADDRESS Hagerstown DATE SIGNED 5/15/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/16/54	Rose Hill Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: May 15, 1954

REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Carman Hagerstown Md.

RECEIVED
MAY 18 1954
BUREAU V. S.